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EVERYDAY PROBLEMS OF THE EVERYDAY CHILD

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EVERYDAY PROBLEMS
OF THE EVERYDAY CHILD

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BY

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WITH AN INTRODUCTION BY

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TO

ALICE P. TAPLEY

THROUGH WHOSE UNTIRING EFFORTS
THE BENEFITS OF MENTAL HYGIENE
HAVE BEEN BROUGHT TO MANY CHILDREN

PREFACE

The responsibility of training the child and providing him with a suitable environment in which to grow up, belongs to the parents and should be assumed by them. If they are to meet this obligation adequately and successfully, it is necessary that the task be taken seriously, and that they give the subject of child training the thought and consideration that it merits. Certainly there is no problem more worthy of the parents' time and efforts than that of helping to develop the child's personality, so that he may be a happy and efficient adult. Being a helpful parent involves more than loving the child and being interested in his welfare. Knowledge is required for this job just as it is for any other important task.

It is hoped that the information we have gathered in the course of our efforts to meet actual needs in child training will be of concrete value. This information has been gleaned from a large experience with children and parents, and from our efforts to understand their personal problems and the perplexing relationships that develop so insidiously that they are often unrecognized.

That we have concentrated our attention and efforts upon a better understanding of the mental side of the child's life should not lead to the assumption that we have lost sight, even for the moment, of the vital importance of sound bodily health, nor that we have overlooked the relationship between the physical well-being of the child and his conduct. *In every case, and under all conditions, the child's physical health should be carefully investigated under med-*

ical supervision, and every attempt made to correct any defects that are found.

It is necessary, however, to keep in mind that the physical, intellectual, and emotional aspects of the child's life never operate independently of one another for a very long period of time. They are mutually dependent upon each other if the child is to operate as a well-regulated whole.

No effort is made to standardize emotions, instincts, will power, ability to think, concentrate, and reason; they are relative and variable mental functions which cannot be expressed in mathematical terms for any given child, or for any specified age.

It would be difficult to define the normal child. Normality is not perfection. Perfection is too rare to be called "normal"; so that when we approach perfection we often hear the expression "abnormally good." Most children are normal; few if any are perfect.

Normality in the field of the child's mental life is concerned with his ability to live up to an arbitrary standard, set for his chronological age, in his intellectual achievements and his social adjustments.

The normal child is capable of meeting and adjusting to the everyday problems of life as found in the social, racial, and economic level to which he has been born, under what might be termed average conditions.

It is with this normal group, which represents the great mass of children found in every social group, that we are primarily concerned. Our interest is in helping parents to understand why the problem child is often only a symptom of a problem environment, or that perhaps the problem of the child is a common problem of the phase through which he is passing, and in stressing the importance of the motives for conduct rather than the conduct itself.

If, in even a small measure, the book accomplishes this purpose, it will justify its existence.

I take this opportunity to acknowledge my indebtedness to Miss Rose Hardwick and Miss Blanche Weill for the chapters on "Intelligence and Conduct" and "Toys and Companions" respectively. Also to Miss Sybil Foster and Miss Mary C. Jarrett for assistance in the preparation of the manuscript. The material used in the book is drawn very largely from the Habit Clinics, operated in Boston, and from cases seen at my private office. Before the main text of the book is taken up by the reader, I would say that the volume has been prepared particularly for parents and only such suggestions as to treatment of these everyday problems seen in normal children have been given as are capable of practical application. The discussion of theories and mechanisms that can only be understood and applied by one specially trained have been purposely omitted, since it is assumed that they would serve no useful purpose for the large army of parents and teachers who are responsible for the mental health of children.

D. A. T.

Boston, Massachusetts,

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INTRODUCTION

It is only within recent years that conduct behavior has been scientifically studied. As a result much has been learned; there is more that is still to be learned.

While there is disagreement among experts on many points, there is unanimity as to the importance of the first five years of life when fundamental, physical, and mental habits and social attitudes are formed. This is the time when the parent is usually the only teacher the child knows, when the home is his world. Understanding children and the causes of the behavior problems which they present is not a matter of intuitive understanding or of the anxious desire of parents to meet their full responsibilities. It comes as the result of much study of the physical, mental, and social needs of many children as well as the careful determination —in the light of this accumulated general knowledge—of the needs of an individual child.

To the writer, the theory that all adults were good when they were children seemed discouragingly widespread a generation ago. There are adults to-day—some parents, some teachers, some judges, some preachers—who prefer to live in an idealized past. But there are larger numbers who desire to take advantage of the fact that they live in the present century and are eager to add to their professional equipment an understanding of what mental hygiene can give them to help in meeting their responsibilities to children. Parents are asking why their children have temper tantrums, why they must be coaxed to eat, why they are jealous, why they are afraid, why they have not learned physical

control. They want to know what is normal behavior and what are the signs that indicate that their children need the help of the specialist in mental health, and then they want to know how and where his services can be secured.

A report on "Habit Clinics for the Child of Pre-School Age" by Dr. Thom was published by the Children's Bureau in 1924 and was enthusiastically received as a new and unique contribution in this and European countries. It described a pioneer attempt to make available for the parents of young children the coördinated psychiatric, psychological, medical, and social services of a city.

There are some who would dismember the child and assign his physical health to one, his mental hygiene to another, his education to a third, and his social welfare to a fourth. But the wisdom of Solomon supports the theory of the importance of considering the totality of the child's development and relationships.

Out of his experience in bringing together the parent, the psychiatrist, the psychologist, and the social worker, Dr. Thom has written this book on child management. Parents, teachers, and others who are responsible for the training of children will find it of great practical help to an understanding of the mental life of a child in relation to his physical and social welfare.

GRACE ABBOTT

EVERYDAY PROBLEMS
OF THE EVERYDAY CHILD

CHAPTER I

THE RELATIVE IMPORTANCE OF HEREDITY AND ENVIRONMENT

THERE is no greater obstacle with which parents have to contend in their efforts to develop desirable habits in children than the idea that hereditary influences unalterably determine character, conduct, and personality. It is therefore necessary, before entering upon a discussion of habit training and personality development, to present some facts concerning the relative importance of heredity and environment. Nothing is gained by following those who tend to minimize, and frequently to disregard entirely, the effect of heredity on the mental, moral, and physical make-up of the individual. Neither will anything constructive be achieved if we align ourselves with the school that dogmatically asserts that all diversities of personality, whether they affect intellect, character, or conduct, are predetermined by fundamental differences in the child.

The fact that two schools exist, whose points of view diverge so radically, might lead one to believe that heredity and environment are two forces operating quite independently of each other and competing in a way as to which one shall dominate the other. A more misleading idea of the part that each plays in the development of the individual could not be conceived. From the time of conception, hereditary factors of po-

tentiality are constantly being influenced by the environment. Environment, however, would be impotent to exert its influence, were it not for the inherent traits that have been passed on through heredity. The farmer would not think of asking which is the more important, the seed or the soil. Experience has taught him that seed and soil do not operate independently of one another, but are mutually dependent. A fine grade of seed will produce the finest crop only if sown in the soil best suited to its development; but even in poor soil, we have every reason to expect a more productive crop from high-grade seed. The biological conditions influencing human development are probably similar but owing to the fact that we have no means of adequately controlling the environment in which human beings are reared, and at the present time, only rough tests with which to measure individual differences, we must, necessarily, be content with these generalizations, the truth of which has been demonstrated by competent observers over a period of many, many years.

Parents as well as scientific workers engaged in studying habits and personality and their relation to desirable conduct, to scholastic and industrial efficiency, and to other successful adaptations in life, would agree, in a general way at least, with Kirkpatrick. He sums up the matter conservatively when he states: "From the individual's standpoint, heredity should neither be ignored as of no importance, nor yielded to as inevitably fixing one's destiny. Instinctive and hereditary tendencies are the roots from which the physical, mental, and moral life develops. Some indi-

viduals develop more rapidly and to a greater degree than others. All are of the same human characteristics but each may make himself out of his environment. Some cannot go so far as others in certain directions nor as easily; but no one has exhausted his possibilities of development. The practical problem is to expand our efforts upon the useful characteristics that we do possess in the greatest degree." [1]

Hereditary traits are those whose development depends chiefly upon germinal factors; that is, the determining characteristics of the germ cell. One might naturally expect that the "germinal factors" determining a defect in personality which has led to mental disease, would lend themselves more readily to observation and study than the less well-defined character traits that go to make up the ordinary differences seen in the personalities of individuals at large. But the problem of inheritance of mental disease still remains unsettled. Because thought on this subject has not yet become generally crystallized, we cannot afford to be dogmatic in our opinions about the inheritance of such personality traits as selfishness, jealousy, honesty, industry, and the like. Nevertheless we are told by an eminent student of eugenics that "we inherit our parents' tempers, our parents' consciousness, shyness, and ability, as we inherit their stature, form, and standing." [2] This statement is in keeping with the author's

[1] E. A. Kirkpatrick, *Fundamentals of Child Study* (New York, The Macmillan Company, 1922), p. 29.

[2] Karl Pearson, quoted in *The Trend of the Race,* by S. J. Holmes (New York, Harcourt Brace, 1921), p. 98.

interests and convictions; and if we turn to another student, who is primarily interested in bettering the social conditions of his fellow men, as was Henry George, the socialist, we find him expressing a contrary opinion: "The influence of heredity, which it is now the fashion to rate so highly, is nothing compared with the influences which mold the man after he comes into the world." [3]

Galton's investigations tend to show that superior ability runs in certain families to a marked degree; while numerous investigators have shown that mental deficiency may be the product of defective germ plasm. There are outstanding examples of the effect of heredity on the intellectual endowment of the individual which are striking indeed; but we must also keep in mind that the social heritage of individuals born of parents of superior intellects has usually been far above the average.

The foregoing conclusions of some eminent scientists are presented, not for the purpose of convincing the reader, but to show that the whole question of inheritance is still under discussion, and that it is futile to attempt to settle the problem at the moment. The fact is that every living thing is affected both by heredity and environment. The hereditary factors are fixed and cannot be altered; but the environment can invariably be improved.

It is only natural that in many instances parents should accept pessimistic and fatalistic views regarding heredity. Many parents are inclined to attribute

[3] Henry George, quoted in *Ibid.*, p. 99.

their own failures in life to inherent handicaps of a social, intellectual, or moral nature; and they are apt to seek explanations for the shortcomings of their children also in terms of heredity. If the child is intellectually retarded, or if, for example, he is backward in mathematics, it is not unlikely that the mother will explain this by saying, "No one in my family did well in school." Many of the peculiarities and eccentricities of the child are accounted for and dismissed upon the ground that some forebear was similarly afflicted. The tired, irritable mother, who has been having difficulty in disciplining her overactive, mischievous boy, may find considerable satisfaction in accounting for his undesirable habits by saying, "He's just like his father; you can't do a thing with him." The mother who has failed to establish proper toilet habits for the child may excuse the latter's bed-wetting with the explanation that she had the same difficulty as a youngster. Finicky feeding habits, chronic outbursts of temper, and innumerable other undesirable personality traits are all too frequently excused on the ground that they have been handed down from parent to child.

This attitude of the parents towards heredity perhaps finds its explanation in the fact that it relieves them of responsibility for personality defects and deviations in character, both in themselves and also in their children. It is often a means of protection against criticism and an excuse for failure. Glueck very aptly points out the danger to the child when the parents console themselves by this method of self-deception. "Considerable mischief can be done to childhood

through an unwarranted emphasis upon the hereditary burden that might be present if one ignores the caution which our limited knowledge of the subject calls for. When a parent or teacher sees in the behavior of a child merely the reflection of something that was characteristic of some one or more of its ancestors, the immediate determining factors are apt to be ignored. The problem is then to be viewed as a problem in predestination which commonly leads to attitudes of despair and failure, instead of calm and endeavor to correct the situation. Moreover, the attitude of the anxious parent or exasperated teacher is bound to add its deleterious effects upon the personality of the child to whatever factors may be present already." [4]

The following case illustrates the injustice that may be done to the child through the parents' exaggerated fear of hereditary influences.

George: A tired worn mother, in a manner tense with controlled emotion, told the story of her eight-year-old boy's conduct. She was completely discouraged because she attributed her son's difficulties to heredity. The boy had been stealing, lying, and masturbating. He had become disobedient and defiant, and had shown some unusual sex curiosity. All this was reason enough for concern on the part of any parent, but not enough to cause the panic in which we found this particular mother.

The father of the lad had died two months earlier as the result of falling from a window in a mental hospital. The acute mental disease from which he suffered

[4] Bernard Glueck, *Mental Hygiene,* Vol. 8, No. 3.

had appeared two years before. There was some doubt whether the fall from the window was not suicide. It was not surprising that the mother should be worried about her son in the light of the father's history. The masturbation especially had caused her extreme anxiety, because her husband had told her that this habit had been the cause of his trouble and had warned her to guard against it in the boy. Although the practice occurred only occasionally, it assumed gigantic proportions in her mind.

The boy was in excellent physical condition, and his psychological examination showed that his intelligence was somewhat exceptional. All his examinations failed to show any evidence of emotional instability or of mental illness.

His delinquencies started after his father's death, when his mother went to live with the paternal grandmother and an aunt, thus bringing her four children under the influence of three women, all of whom were greatly concerned about George. The boy's stealing was confined to his family. Once he took five dollars and put it in the school bank; and at other times, he took candy, food, and small sums of money. His lying was of the defensive type, to cover up his other misdeeds.

The mother had exaggerated the boy's shortcomings and had completely overlooked his assets. The worry and distress that she felt over her husband's illness and death were projected on to her son; so that she interpreted all his difficulties in terms of her husband's breakdown. Actually, they were nothing more than

the ordinary undesirable habits that many boys develop at some time or other.

The practical problem with which parents are concerned is how they can develop to the greatest advantage the mental characteristics with which the child has been endowed. This cannot be done without utilizing to the fullest extent all the resources which the environment has to offer. Nobody denies that good seeds are essential for successful farming, or, on the other hand, that fertile soil, desirable climate, as well as proper care and protection, must all be adequately provided if the best yield is to be obtained. If we find any one of these factors to be poor or inadequate, the effort must still be made to get the most out of what we have. The growth and development of children is a similar problem. Their heredity was determined generations before we could possibly have influenced it. The futility of bemoaning the ancestral background of the individual is obvious, but we are just beginning to appreciate the possibilities of improving the social heritage.

The following case suggests the relationship between heredity and environment.

Sam and Peter, twins two and one half years of age, presented well marked differences in personality, which had been quite obvious, as the mother said, "since the very day they were born." How their outstanding traits of personality were affected by their social heritage is also evident.

At two and one half years of age, Sam was a busy, active, mischievous lad, keenly interested in people

and things, aware of everything that was going on in his environment. At the clinic, he was friendly and obliging. His mother declared, "He has violent temper tantrums when he cannot have his own way."

Peter, in contrast to his brother, was shy and quiet and invariably shrank from any one who approached him. There was no sign that he was in any way interested in his surroundings. The mother described him as being sullen, unhappy, unsociable, liking to be alone. She said: "He has tempers only occasionally, but when they occur they are violent outbursts, and he scratches, fights, and kicks. He seems to lose himself entirely."

From birth, these two children had been quite different. The distribution of those traits that go to make up personality had been widely diversified in them, both in quality and in quantity. Sam immediately began to reach out, smile, and invite attention. "He has a friendly way with him," said his mother; while Peter seemed to resent attention, scowled, and threatened to cry when approached.

It is interesting, but not particularly strange, that in dealing with two such different individuals, the attitude of the parents took on somewhat the same coloring as the attitude of the children. They invariably, and perhaps quite unconsciously, showered attentions upon Sam. He soon became the favorite, not only with the parents but also with their friends and relatives, who ignored Peter almost entirely. The neighbors seemed to take it for granted that Peter was "dumb." Consequently, we find Sam developing such traits as interest, curiosity, self-confidence, inclined to be a bit

pugnacious and domineering, and reaching out into his environment for new experiences; while Peter, being left to himself, becomes more and more shy and reserved, resenting bitterly his neglect. We may expect this child to become jealous and sullen, with a critical attitude toward life. Consequently, we find all the introverted traits of Peter being exaggerated by his social heritage, while Sam's extroverted tendencies—his domineering attitude, his resentment against being thwarted, his exaggerated idea of his own importance—found soil for their development in the environment that he inherited. Notwithstanding the fact that these two environments were made up of the same physical surroundings and dominated by the same personalities, they were diametrically opposite in their effect upon these two children.

The environment that many children have the misfortune to inherit often produces a healthy reaction on the part of the child in his efforts to improve it. There is no logical reason why we should expect a normal child to adapt himself to an abnormal environment without some reaction which is apt to be looked upon as asocial. Sometimes this rebellion is actually indicative of stability and self-reliance.

If in the attempt of the normal child to adjust himself to an abnormal environment there is evidence of conflict and rebellion, remember that there is danger of confusing self-confidence, independence, and tenacity of purpose with stubbornness, disobedience, and defiance.

If it were true that environment could in no way

alter the mental and moral levels that we were predestined from birth to achieve, then training, education, and the influences of home, school, and church would be of no value. Without minimizing the importance of heredity and the part it plays in our lives, I would emphasize the importance of environment in developing the mental characteristics with which we are endowed at birth.

The great majority of children with undesirable habits, personality deviations, and delinquent trends are not the product of an irreparable past, over which there is no control. They are largely the results of the environment in which they have been reared; and the dominating feature of this environment is always the parent.

CHAPTER II

HABITS

HABITS are the tools by which we achieve health, happiness, and efficiency. The conservation of time, strength, and material resources depends upon habit. Not only our ability to make friends and retain them and to fit into community life with ease and satisfaction, but also our resourcefulness in getting on with ourselves in peace and contentment are, to a large extent, matters of habit.

The person who is without friends, unhappy, poorly adjusted to his home, school, business, or community; who is without funds and dependent upon others for the material needs of life; who is dragging along in school work or is untrustworthy and inefficient in business, if not physically or mentally sick, is usually a creature handicapped by habits which are inadequate to meet his daily needs.

When the habits we have acquired fail to meet the demands of the environment to which we are called upon to adapt ourselves, failure results; and, as will be shown later, most of the neurotic tendencies seen in adult life are efforts on the part of the individual to do two things; first, to get away from the demands of a situation that to him, at least, seems intolerable; and second, to protect his own self-esteem by finding some plausible reason for the flight. This process of "ra-

tionalization," or self-deception, is commonly associated with almost all neuroses.

The fact that so much of our behavior depends upon habit makes this aspect of life of the first importance. In order to consider it, we must get a clear and concise idea of exactly what we mean by habit. The term habit embraces all *acquired* methods of acting and thinking. The more frequently a particular act or thought is repeated, the more likely it is that it will occur again under the same existing conditions. Every one appreciates how the repetition of any act over and over again increases the ease and assurance with which it can be performed. The routine of the simplest existence constantly makes demands upon the habits that we have acquired in the process of growing up. The rising hour, the daily bath, exercise, the extent to which we indulge our appetites at the breakfast table, our attitude toward other members of the family or our associates in the shop or office, and our thoughts and actions as they help or hinder us in the adjustments we have to make with other individuals, are largely a matter of habit. We are hardly aware that our decisions have been automatically guided and directed by an unforeseen force called habit.

Many of the tasks that we are called upon to perform and situations that we have to meet would be fraught with great danger were it not for habit. Operating a motor car would be a most hazardous undertaking if we did not respond automatically to the constantly recurring crises as they arise. If one had consciously to throw out the clutch, put on the brakes,

blow the horn, and cut in sharply to the right or left as the occasion demanded, often confusion in the process of thinking would lead to disaster. All these finely coördinated muscular movements become a matter of habit and are set in operation by situations as they arise from without. This means that muscles have been trained to respond in an appropriate way without the direction of the higher faculties. If sight or judgment is defective, of course muscular coördination cannot be held responsible for the results. It is easily understood how valuable habits are in the performance of these duties requiring muscular skill.

Habits which are more closely associated with character are of even more importance. Let us mention honesty, for example. The person who is thoroughly honest is not continually having to make decisions as to whether he will be dishonest or not. He does not decide to be honest after carefully considering all sides of the question—whether he will be found out, how much anxiety it will cause him, or whether it is really worth the chance. He is honest, in a large measure, because of a habit of thought. It never occurs to him to be dishonest. Other individuals with quite different habits may be confronted repeatedly by the temptation to be dishonest. They are constantly weighing the advantages and disadvantages of right conduct. The results may be the same as those achieved by the perfectly honest individual, but the process of achievement has been different. In one instance, no thought or effort at all was expended. In the other, it may have required tremendous energy in the form of will

power to remain honest. Dewey expressed the importance of habit very aptly when he stated, "It has a hold upon us, because we are the habit." And again, in the statement, "All habits are demands for certain kinds of activity; and they constitute the self. They rule our thoughts determining which shall appear and be strong and which shall pass from light into obscurity." [1]

Certain types of habit are likely to be associated with one another. The ambitious person is apt to work persistently toward the desired goal and to dispense his time, money, and favor in a thrifty sort of way; while laziness is often associated with carelessness, selfishness, a disregard for others, absence of thrift, and lack of ambition, since the individual is not working toward any definite objective. Of course, all sorts of combinations of habits may occur in the same person; and whenever any one habit or trait dominates the individual largely to the exclusion of other character traits, the personality becomes warped. For example, the child who is dominated by thrift often becomes selfish. The adult who is carried away by any one ambition is usually peculiar and eccentric, often selfish, self-centered, and asocial. There is a happy balance that one should strive to gain in the development of personality, wherein all of the various mental characteristics operate harmoniously and to the advantage of the individual.

The mental characteristics and moral qualities that

[1] John Dewey, *Human Nature and Conduct* (New York, Henry Holt & Co., 1922), pp. 24, 25.

go to develop success or failure are, to a large extent, matters of habit. Ambition, thrift, persistency, fairness, cleanliness, laziness, selfishness, carelessness, and innumerable other traits that go to make up personality are not inherited in any usable form. Tendencies in these various directions we grant; but, unless they are developed by stimulation from the environment, they will remain impotent in their effect upon the personality.

From birth, the child exhibits certain tendencies toward the simplest problems that he is compelled to meet in his daily existence, sleeping, eating, eliminating, and the like. This process of adapting natural tendencies to daily needs is basically similar to what occurs later in life when he gradually begins to formulate ideas about honesty, truthfulness, going to church, and paying his bills. These tendencies, which gradually become habits by constant repetition, enter into the formation of what we call personality. The more frequently the habits are repeated, the more likely they are to become permanent.

The permanency of habits, however, is not solely dependent upon repetition; the mere fact that the individual is made to do the same thing over and over again gives us little assurance that the practice will be long continued after the supervision has been removed. Unless the task is performed efficiently, and with a fair degree of ease, resulting in satisfaction on the part of the doer, we can hardly expect permanence. For this reason, as will be pointed out later, in our efforts to establish desirable habits, the attempt must be made to

see that successful accomplishment is rewarded by emotional satisfaction.

This emotional satisfaction may be directly associated with the habit we are trying to establish. The sense of accomplishment and power associated with learning how to walk and talk, for example, furnishes the necessary stimulation for acquiring the muscular coördination needed for both these tasks. With constant practice, however, the child soon becomes unaware of the effort. The acts have become habitual. Invariably the sense of accomplishment that is associated with learning games keeps the child interested and active; and the degree of skill that he may achieve bears close relationship to the satisfaction he receives from practice.

The amount of emotional satisfaction that the child obtains from learning proper habits of eating, eliminating, and obedience is derived, to a great extent, indirectly from those whose approbation he desires. The child must necessarily learn to perform many duties from which he gets but a limited amount of pleasure, either through the means or the end. Often the task is uninteresting and irksome, and, with a certain group of children, the approbation attendant upon accomplishment is not in itself a sufficient incentive to make the effort worth while. All children have not the same regard for praise. They are not all well endowed with that personality trait which would make them want to please.

Other incentives than those of satisfaction and approbation must be utilized. Reward, praise, blame,

and punishment must all be carefully considered in an effort to bring about desirable habits and to develop for the child a personality that will help him to assume responsibility later on in life. The same thoughts must be kept in mind in efforts to eradicate undesirable habits and personality defects already established. These must be replaced by new interests. It is not sufficient simply to build up barriers, which later thwart the desires and block the emotions that act as the driving forces for conduct. These forces must find new outlets in ways compatible with the environment and satisfactory to the child. The child should be led and not pushed. All too frequently it is the emotions rather than the intellect that act as the stumbling block to good habits.

In order to dispense with habits that are undesirable and to form others which will ultimately be useful to the child, it is of paramount importance to find a motive for the abandonment of the old habits and the acceptance of the new; that is, to substitute something in place of the rejected habit. The idea of the new habit must be made clear in the mind of the child. It must appear to him as a thing capable of achievement, and the advantages to be gained from its development must be presented in such a way that satisfaction will come with the striving, as well as with the accomplishment.

The child who is incapacitated by undesirable habits and asocial tendencies, which have slowly and insidiously become interwoven into the fabric of his personality, soon becomes unable to meet the ordinary

every-day problems of life. Too often, a child of this type develops into a domineering, jealous, pugnacious individual, constituting a time-consuming blot on the family life and robbing the other children of their just rights. Such a child is frequently a source of misery in the home. His unhealthy emotional reactions permeate and contaminate the very foundations of family life. The following case portrays this situation very well.

Charles, three and a half years old, was the only child in a household consisting of his father and mother and an elderly friend of the family who kept house while the mother worked. When the child was a year old he had a convulsion in his sleep. At this time his mother put him into her bed, so that she could watch him, and continued this practice from then on. Every night he was kept up until his mother was ready to go to bed, as he refused to sleep unless she lay down with him. He had other convulsions from time to time, which frightened the parents so much that they became extremely solicitous in their attitude toward him. The father especially gave in to every whim of the child. The housekeeper followed him about and was afraid to let him do things for himself.

At the age of three and a half he dominated the household. When he did not get his own way, he had temper tantrums in which he fought and kicked. He would whine and fuss to get what he wanted. Whenever he cried he was picked up and comforted. He was finicky about his food and when sent to the Nursery School he vomited if made to eat. After an

exciting day he would have night terrors, perhaps for three nights running. He liked to play with other children if he could be the center of the stage. He liked to attract attention and was jealous of his parents' affection for each other. A very active child, always running about and easily excited, he demanded constant attention. Being a bright boy, he realized his power in the home and used it on every occasion.

The father had been more or less of an invalid since his marriage, and dependent upon his wife who had worked steadily. He was a man of little will power, devoted to his boy, and frantically afraid that something might happen to him. The mother understood that the child had not been brought up properly; but when she tried to train him, his father interfered and she gave in.

After a year and a half of better training under proper guidance the boy had improved greatly. He ate and slept well, had no further convulsions, and was easier to manage. He continued to be active and rough in the Nursery School, but was not regarded as a special problem.

The formation of habits is stimulated by various factors in the environment in which the child lives. The fact that the mind of the child is extremely plastic and that he is prone to accept suggestions and to imitate what he sees and hears, especially during the first three years of life, makes this period one of greatest importance, both in forming desirable habits and in dispensing with those that would work out to his disadvantage in later life. The importance of this period

is also apparent when one recalls that the plasticity of the human mind decreases rapidly as age advances. Childhood, moreover, is the period in which different traits of character stand out conspicuously and are thus most easily recognized. Parents should be taught to appreciate the fact that these character traits, after all, are nothing more than the reaction of the child to his environment.

It is not at all uncommon to find that long before the child reaches the second year, he is looked upon as being unresponsive, shy, or stubborn; that his mother describes him as vindictive, malicious, and grudge-holding; or it may be that he is extremely selfish and pleasure seeking, growing sullen and resentful when crossed. Any and all of the undesirable personality traits of the adult may be found well marked at an early age; and they can be the more easily understood since the expression of the child's resentment toward his environment is not yet colored by training, experience, or education.

Since imitation and suggestion are important factors in the development of habits, it behooves those who are responsible for the development of the child to see that the environment and the personalities therein present the things that they would wish to have the child imitate. The ever changing moods of parents, colored by their indifferences, their quarrels, their depressions, and their resentments, all tend to create a mental atmosphere which is as dangerous to the child as if he were contaminated by a contagious disease.

The peculiarities and eccentricities of brothers and

sisters may create an unwholesome environment; also the complications arising when the training of the child is divided between parents and others. Such a mental atmosphere is dangerous, because the attitudes and conduct of these maladjusted persons must necessarily appear as examples for the developing child to copy. On the other hand, cheerfulness, affection, kindly consideration, and a manner and speech that, instead of being forbidding, shows interest in the budding curiosity of the child, are some of the things entering into the development of the habits that go to make up a well-integrated personality, unwarped by mental conflicts. Frankness and honesty in answering questions, with the idea of developing freedom of speech and action uninhibited by fear of punishment, are other extremely important factors of the child's environment.

Habits that might have been eradicated without difficulty at two years are often firmly intrenched by the time the child is ready for school; and invariably these habits are exaggerated by the attitude of the parents toward them.

Alice, six years of age, was referred to a habit clinic because of "temper tantrums," and a visit was made to her home. She came in from school, a round-faced, stocky, attractive little girl, full of fun, laughing and fooling with her sister. As soon as her mother spoke about her conduct, the child flushed, hung her head and pouted. Her eyes filled with tears and she looked bitterly ashamed and crushed, although she was belligerent in defending herself. The sister, a year older,

was a quiet, docile child; while on the other hand the little brother of three was a hot-tempered, uncontrolled youngster.

The mother said that Alice had been difficult and disagreeable from the time when she first began to notice things. At eight months she used to scream with temper at bedtime, and she still had these screaming spells over the slightest thing. Sometimes she would wake in the night and scream for an hour or more. She screamed so loudly that her mother was humiliated. The screaming spells were often brought on by her capriciousness about eating.

Mrs. Burns was ambitious to have a pleasant home and well brought up children. She felt that she had done better by her children than many mothers, having always brought them up "by book," and she could not understand why Alice had developed such an impossible personality. Once, after the child had had a wild tantrum, she got down on her knees in the parlor and prayed that a miracle should be performed, and "even then nothing happened." She felt sure that the child was doomed to carry this personality through life, and, although she wanted help, she doubted whether there was any hope. The father, when seen later, expressed the same hopeless attitude. "The kid was born with a nasty disposition," he said.

When the doctor saw Mrs. Burns, she wept and protested that she had done the best she could and had tried everything. She said she had made up her mind that it was the child's nature which she had inherited from her father, and nothing could help her. She

seemed determined to cling to this fatalistic attitude and more eager to prove herself right than to make an effort to view the problem with an open mind. She asked if she were not right in taking this stand, "if it will ease my mind."

What was the home environment of this child? The house was neat and well cared for, although sparsely furnished. The father, a mechanic, was often out of work. At home, he was irritable and difficult. His wife said that she had to be very stern with him or she could not manage him at all. He often gave way to temper before the children. His outbursts mortified the mother and hurt her feelings. She would play upon the feelings of the child in an effort to control her, saying, "You see how your father has hurt me, and you don't want to hurt people by the way you act." The children were aware of the discord between their parents; and they were afraid of their father. The mother was an unhappy, discouraged, hard-working woman with a superabundance of pride, who had been bitterly disappointed in her marriage. She was thoroughly out of patience with her husband because he had failed to take opportunities to get ahead. She complained with intense emotion that he read magazine stories every night instead of studying and trying to better himself. The father also was obviously unhappy, an autocratic, domineering man, irritable and uncontrolled.

A feeding régime was carefully outlined, and efforts were made to change the mother's attitude of expecting nothing good from the child. A star chart was

given to the little girl and she took great pride in earning good stars for success in controlling herself. There was one more outburst of temper, and then, with the exception of a few spells of crying and sulking, the temper tantrums ceased.

The children continued to be subjected to continual quarrels between their father and mother; and the latter, overwrought and overanxious to maintain high standards in their care, was far too exacting with them. It was noticed that the older girl was becoming irritable and inclined to be sulky.

All too frequently parents minimize the seriousness of undesirable habits, personality defects, or delinquent trends. Apparently they entertain the idea that if they fail to recognize and acknowledge them, such trends will no longer exist. In this way, they avoid the necessity for meeting face to face a problem that will require thought and consideration and a definite line of action on their part in order to solve it. To escape the humiliation that they feel is associated with having a problem child, they deny the existence of the problem; or if they recognize it at all, they deceive themselves by such statements as, "He's only a child. He will outgrow it," and they try to recall some incident in their own past or that of their friends and relatives which would substantiate their point of view. Contrast this subterfuge with the healthier method of meeting the difficulty in an unemotional way, being frank about it, and seeking help where it may be found. As a matter of fact, children do not usually outgrow habits. The tendency is to grow into them until, as

has been stated before, the habit becomes a part of the child.

The important point to bear in mind is that children at birth are without habits, and that the very process of existence necessitates the taking on of various modes of action. Whether these habitual modes of action are to be of a desirable or undesirable type depends to a very large degree upon the training that the child is given.

CHAPTER III

THE PARENT-CHILD RELATIONSHIP

THE importance of the relationship between parent and child cannot be overemphasized. Beginning at birth, it continues until the child has completely established his own independence through processes of investigation, experimentation, trial, and error; all of which are difficult for the child and painful to the parent.

During this period of emancipation, which is all a part of the problem of growing up, the adjustment between child and parent is a delicate one. It is an adjustment that may be safely guided and directed by a wise parent, to be sure, but which nevertheless involves a relationship that does not lend itself well to rule and regulations and premeditated plans. The factors involved in this relationship are so numerous and varied, and are changing so continually with the intellectual and emotional development of the child, that the parent must be ready at all times to meet conditions as they actually exist, and not as he had hoped or expected to have them develop.

It is surprising that this relationship, which means so much to the development of the personality of the child, should receive so little attention and be handled in such a casual manner. Let us consider some of the fundamental factors in a satisfactory adjustment be-

tween parent and child. On the one hand, we have the child endowed with what we term "instincts"; that is, definite tendencies or impulses to act in a given manner. These tendencies during early life are directed toward the preservation of the individual with no regard whatever for those with whom he comes in contact, only in so far as the latter are capable of serving the ends for which the child is striving. It is a biological necessity for the preservation of the race that during early life self must always be in the foreground. The child, untrained, uneducated, and without experience, is motivated by his desire for those things from which he will derive pleasure, avoiding those that will bring him pain and discomfort.

The child's first strivings are toward satisfying his own bodily needs and comforts. His contribution to this object is making his needs known. During the first few months crying is his only means of communication, but he finds this method quite effective. He soon develops variations in his cry, so that the mother appreciates that one type indicates fear, another pain, and the third hunger.

Not only are all of his wants supplied, but most of them are anticipated. Food is dispensed with painstaking regularity. Ideal conditions are provided for sleep. Every effort is made to protect him from experiencing pain and discomfort.

The dependence of the child upon the parents, particularly upon the mother, is brought about gradually, and often quite unconsciously on the part of both. A child's earliest recollections are those in which his

mother is dispensing comfort and catering to his needs. All this attention he accepts in a matter-of-fact way. It is all taken for granted, with but little display of feeling or gratitude. However, if anything interrupts, even for a moment, these comforting and satisfying parental dispensations, the child is not long in registering disapproval.

The mother, too, finds in this new experience untold pleasure and satisfaction, which is, in itself, fraught with certain dangers, in as much as she often carries burdens for the child that he should be carrying for himself.

It is important that this phase of absolute dependency of the child upon the parent be terminated by the process of gradually weaning him, not only from the breast, but from the incapacitating emotional relationship existing between child and parent. This can be brought about only by allowing the child to assume responsibilities of self-protection and self-entertainment at the earliest possible date, and by giving him every opportunity of developing new interests, the most important of which is companionship outside the home.

The father should always have a share in the child's emotional life. This is of value to the child and a source of great satisfaction to the father. Children in the household and playmates outside should receive a part of the child's attention, and later on his teachers and school work. Finally the innumerable interests that children develop as they grow up will all take on new values and afford the child a wider field from

which to seek emotional satisfaction. Diversification of interests during early life has many advantages, of which none is more important than a breadth of vision that will lead him to take a more tolerant attitude toward those with whom he comes in daily contact.

The parent may be looked upon as an adult who, through experience, has become socialized to a greater or less degree. He has learned from this experience that his instinctive tendencies and impulses, so marked in childhood, must necessarily undergo certain modifications. They may be completely discarded and repressed or, at least, controlled, so that they can be utilized at the times when they will serve the individual most effectively. He has also learned that these impulses that have to do with the pleasures and protection of self to the utter disregard of others, when uncontrolled, invariably work out to his disadvantage.

A very important aspect of this parent-child relationship is the fact that parents, by virtue of their contacts with life, have built up certain emotional reactions toward certain experiences. Their ideas about morals, education, friendship, discipline, honesty, truth, responsibilities, and duty have become organized; that is, these ideas have taken on a definite emotional coloring. Although their final judgments are usually based on emotional reactions, they conscientiously believe that they have reached these conclusions through the processes of intellect and reasoning.

A father, anxious for a college education, which circumstances in his life did not permit, crowds his son

in Latin and Greek in order that his boy may attain that which he himself so much desired. The natural inclination of the boy, his intellectual equipment and personality may all be such as to fit him best for mechanics instead of the classics, but these factors are ignored.

Another father who had been subjected to a discipline in early life that to his mind was tyrannical, unjust, and at times actually brutal, developed definite emotional conflicts about the value of discipline and authority, bringing up his own children with an utter disregard for the importance of conforming to customs and rules either in the home or outside of it.

Another parent lost his wife from an infectious disease, which he felt might well have been prevented, when his little boy was about five years of age. From that time on, he built the latter's life around this particular emotional experience. The child was forbidden to go out and mingle with other children and was kept away from every person and situation that might possibly lead to physical illness. Every ailment, however slight, in the mind of the father, has been the forerunner of some serious disease. The nurse, under the father's direction, has built the child's life around the possibility of illness. At the age of ten, the boy has no idea how to play with other children and lives in horror of acquiring some dire illness that will result in death. Consequently, he is deeply self-centered and unhappy—quite unable either to compete or to cooperate with other children of his own age.

The foregoing are common examples of how parental

experiences that have been colored by emotion may dominate the attitude of a mother or father toward a child. Such attitudes frequently represent endeavors on the part of the parent to have the child fulfill in its life the thwarted ambitions of the parent. Failing to give consideration to the inherent physical and mental equipment of the child, it is not surprising that, by blocking in this way the instinctive tendencies and natural inclinations, they cause the child to become rebellious, not only toward the family, but also toward the world at large.

There is nothing more pathetic than the child who has the misfortune to inherit parents who refuse to allow him to grow up; who deny him opportunities for developing a personality from the mental characteristics with which he was originally endowed; who entertain certain preconceived ideas as to just what he should do and what he should think, and who resent any deviation that nature may bring about in his development. How many parents dominate the thoughts and actions of their children, because they glory in the fact that, "My child just can't get along without me!" During preschool years, they attempt to keep their children in that infantile state where they may feed them, lie down with them at nap time, respond to their midnight calls, and wait upon them to the point where the child is simply vegetating. A little later, they march their children back and forth from school, protect and sympathize with them in their conflicts with the teacher, fight their battles with other children, and receive them with open arms and an excess of solici-

tude when they meet fear and failure in the outside world.

If these children are permitted to have companions at all, it is the parent who does the selecting. Their companions must be well mannered, clean, neither rough nor active; nor must the intellectual and cultural setting of the family background be ignored. Such unhappy children must conform to parental ideas of race, color, and religion. Above all, they must not be "tough" nor belong to the "dreadful gang around the corner," in all probability consisting merely of a lot of dirty-faced, healthy boys, who are too busy with the real problems of life to get either into the bathtub or into any real trouble.

If we might project this picture for the moment, it is the same mother who, in later life, selects not only the institution of learning that her daughter shall attend, but also her companions and courses. By this time, the girl is no longer thinking in terms of what she would like, but of what "mother would approve." When thrown upon her own resources, she becomes filled with doubts and indecision, and if her personality has not been entirely submerged by these years of emotional dependence, she will find herself in a state of conflict much of the time.

By force of circumstances, children taken as a group are destined to spend their early years in closest association with adults, many of whom are lamentably ignorant regarding the most elementary principles that govern behavior. Not only are children dependent upon adults for physical care, intellectual stimulation,

and moral precepts, but also for healthful environments, in which to live, uncontaminated by the unsatisfied emotional strivings of the parents.

If parents are to understand the underlying forces which motivate conduct in their children, and how these potential forces become activated by environmental situations and human relationships, they must face their own problems with the utmost frankness; for, as Dr. Kenworthy has said so aptly, "In the background of parental growth we find so frequently evidences of unhappy childhood relationships which, very naturally, become reflected in the handling of a child, even without the knowledge or desire of the parent." [1]

Oversolicitude on the part of parents may put the child in a new setting, and often produces the selfish, self-centered, clinging vine type of child. When children become self-centered, they develop innumerable imaginary complaints simply because illness is looked for and any existing ill health is exaggerated. We are all familiar with the marked changes in behavior which often take place in children who have met with an accident or undergone some illness. Suppose the boy returns from the hospital or begins to convalesce at home. Everything centers about the youngster, everybody is subservient to his demands. Under such conditions he is apt to become selfish and domineering. His whole personality may so change as to cause worry and anxiety to his parents, who erroneously and unfortunately attribute the change to the illness rather than

[1] Marion E. Kenworthy, M.D., "From Childhood to Youth," in *Concerning Parents* (New York, 1926), p. 128.

to the changed attitudes in the home. The same situation is repeated in a lesser degree, but over a longer period of time, by the unreasonable fears and anxieties of the oversolicitous parent; and, not infrequently, we find children exploiting their illness to avoid an unpleasant duty or to gain extra attention.

The story of one little girl demonstrates this point clearly:

Mary, at seven, dominated the entire household. Mother faithfully fulfilled her slightest wish, fearing to cross her lest she become ill. Her sisters patiently shouldered her share of home duties and quietly gave way to her at every point in order to avoid, if possible, the almost inevitable outburst of temper, which was so upsetting to the household. Her ready excuses for all occasions were, "You mustn't mind what I do, you see I've had paralysis."

It is true she had lived through more than her share of illness; and she was accustomed to admiration and interest from doctors, to whom she was frequently shown as an unusual case.

Her alibi of ill health helped her over many difficult places in school, and at home special favors and concessions were made for her and she was excused at every turn. Her whole life seemed built about this desire to hold the center of the stage.

With a radical change of attitude on the mother's part, this little girl who was fast developing into a chronic complainer has now become a healthy, normal youngster, gayly competing with her sisters in "helping mother," trying each week to learn one new task to do

independently, and striving toward an ideal of robust good health rather than desiring the rôle of "interesting invalid."

With a little judicious neglect and ignoring, the alarming physical symptoms, which had so greatly troubled the mother, soon vanished. The marked tremor of her hands, which had made it seem necessary that her mother feed her each mouthful she ate, disappeared, as also did the tremor of voice. After determining by physical examination the child's actual condition, an appeal was made to her ambition and pride. Her desire for attention and wish to excel were turned away from the goal of ill health. With encouragement from the physician and her mother and with faith in her ability to make good, she is now taking her part in home and school, standing on her own feet, and learning to face life as it is.

If the oversolicitous mother is to be held responsible for a group of inadequate, spineless, dependent individuals, the stern, forbidding, domineering father, who holds himself up as the dictator of the household, also has much to answer for. He sets a high premium on obedience, and experience has taught him that fear is one way of obtaining it. We often find that this type of parent is merely compensating in the home for his own inferiority, which he feels keenly in his professional and social struggle. How quickly the atmosphere of the home changes when this rigid disciplinarian returns from the day's work. The mother is on edge fearing that the children will be noisy, or act badly at the table, or annoy father, "who

has worked so hard all day"; while the children in spite of repeated warnings and a keen desire to avoid a scene invariably do something that is a sufficient excuse for a lecture on obedience or bad manners. The child brought up under such conditions, as he grows older, becomes resentful toward discipline, for he learns that there is but little relation between his efforts and the satisfaction he gives his parent. The best he can hope for is to avoid criticism, and only occasionally can he do this. Praise and reward play no part in the father's scheme of training. The result is apt to be that the child acquires a resentment toward authority later in life.

The unhappy combination of a rigid father and an oversolicitous mother is not uncommon, and is brought about by a feeling that prompts the mother to make up in some way for the father's attitude. The child who has to deal with the quick-tempered, impulsive parent and with the one who prides himself on his ability "to get obedience with just one look," or with any other type of parent who administers discipline in an erratic manner, is indeed unfortunate.

The stern and rigid father is not infrequently the creator of the child who feels inferior and inadequate. The parent who is quick tempered and erratic in dispensing discipline, is equally responsible for the personality deviations in his children as if he had crippled them by physical force. The foregoing types of parents are found in every walk of life without relation to their cultural or intellectual levels. Interest and love alone on the part of the parent are not enough to

insure success in handling the innumerable problems which are presented during the child's early years. In fact, the very love which the parent bears for the child may be the stumbling block that prevents a successful fulfilling of the obligations of parenthood. An intelligent approach to many of the problems of childhood is thwarted by endless worry, anxiety, and needless fear on the part of the parents.

Mothers, fathers, and teachers must bear in mind that the child has an emotional life—a fact all too frequently ignored. We are apt to forget that just as the child has ears and eyes, he also has instincts and emotions. This immature individual has an inherent hunger for self-expression which is constantly impinging upon a code of laws and customs of which he has no understanding. We must keep in mind that the child has hopes and ambitions; has doubts and fears and misgivings; has joys and sorrows, some very slight and fanciful, others very deep and real. His emotional life is constantly being gratified or thwarted during the preschool years in much the same way as in later life.

Important as the responsibility of parents may be in guiding, directing, and training the child, it must not overshadow another essential parental attitude—that of creating in the home an atmosphere of affection, kindly consideration, and fair play.

If parents do not provide this setting for the child, in which to spend the formative years of his life, something is lost that can never be made up later. The school, church, and society all take on functions of

training and disciplining, but they are little concerned with these intangible sentiments which only the home can provide.

Conforming to rules and regulations, obeying customs and traditions, being well mannered and properly groomed, all contribute to what we call adjustment to life; but one may be very unhappy and inefficient if, while acquiring these habits of conformity, he fails to develop a broader view of life, which embraces happiness, peace, contentment, love, sympathy, and the finer sentiments. These attitudes are absorbed by the child from the atmosphere in which he lives, and are not acquired through training.

The conduct of the child is simply his reaction to his environment. It is the result of a struggle between his instinctive strivings and the limitations and inhibitions set up by his environment. The results of such a struggle are exemplified in the following case:

Edna, a little girl, aged six years, was taken to a physician by her overwrought parents, because suddenly and quite unexpectedly she had refused to take food or swallow. In the doctor's office the father anxiously but silently paced the floor; the mother was weeping and wringing her hands; the little girl sat quietly next to the doctor wearing a masklike expression, saliva dribbling from her mouth to her frock, which was actually soaked; she seemed only casually interested. Three days before, for some unknown reason, the child had refused to take food; she was constantly demanding that her mother reassure her that it was all right to swallow; but in spite of the many

reassurances given she had refused to swallow, and dribbled all day long. A brief interview revealed the following: It appeared that the mother had frequently told the child that she should never allow any one to kiss her, and in order to be more impressive she had informed the child that kissing caused infection by germs and that when germs were swallowed little girls died. It happened that on the afternoon previous to the day when her unusual conduct started, she had gone to her first dancing class and some man, she said, had stooped down and kissed her on the mouth. How much of an impression this incident made upon the mind of the child it is difficult to evaluate at this time; but the important aspect of the problem seems quite obvious.

The parents of the child, although intelligent in handling most of their problems, entertained some rather unusual ideas about bringing up a child on a purely intellectual basis. Their principle was that the child should not be spoiled by attention, praise or affection; if everything went well, it was taken for granted; if otherwise, criticism or punishment followed. The child was never boisterous, her table manners were perfect, her speech grammatically correct, she was never disobedient, she played only under supervision with most carefully selected playmates; her neatness, punctuality, and general conformity to parental laws were accepted as a matter of course. The emotional upset which developed after the child had been kissed would ordinarily have been eradicated after a little explanation had it not been for the fact

that quite as unexpectedly as the symptoms had developed, the parents began to take notice of the child; they not only gave her attention, but they became extremely worried and anxious. The child for the first time in her life became the center of attraction. It was a new experience and one so pleasing to her starved emotional life that it is not at all surprising that she clung to it with great tenacity and gave it up with considerable reluctance.

The type of conduct approved by society is usually that which does not annoy or inconvenience many of its members. The conduct which meets with disapproval is that which brings the individual in conflict with the parent or society. With the preschool child, his hyperactivity, restlessness, curiosity, and lack of concentration, are the symptoms most apt to cause parents concern. On the other hand, the child who is quiet, reserved, obedient, and well mannered, who steals away from the group and plays by himself or clings tenaciously to his mother, who is inclined to be introspective and self-centered, passes by unnoticed. His intolerant attitude toward the frivolities of other children of his age may be considered worthy of commendation. He is looked upon as being self-reliant and is commended for his ability to amuse himself. It may be that the very personality traits which keep this quiet youngster from getting into conflict with his environment are the ones that should be considered seriously, as demanding attention, so far as his emotional health is concerned.

How successful the training of the child has been

cannot be fully determined until he has had the opportunity of utilizing the habits formed in making an adjustment outside the home. There is a tendency on the part of parents to alter continually the home environment to suit the child. It is so much easier to keep the child happy and contented and to avoid spells of whining, crying, tempers, and teasing—all of which are potent weapons that children use on distracted parents in order to get their own way. Material things can be changed with much less difficulty than children's whims and their ideas of what they want and what they don't want. For this reason, if parents were to consider no other aspect of the problem than the child's adjustment to the home, they might find some justification in constantly changing the environment rather than trying to alter the child's point of view. The problem, however, is not so simple. We must ever keep in mind the fact that we are trying to help the child to develop a personality and to establish habits that will equip it to compete with the outside world, with those with whom it will be thrown in contact. Here the adjustment will have to be made by the individual and will not come from the environment.

Very early in life the child must learn that things cannot be his simply because he desires them. Do not try to give him everything he demands or wishes; he must develop the habit of foregoing certain of his wants, of giving when he would like to take, and of dividing and sharing his toys. He will not understand why he should do these things, but even a little child can appreciate that such acts bring approbation and

praise and make other people happy. In this way he will grow to manhood with courage to face the disappointments and failures of everyday life.

Always avoid bribing and do not make promises which you know you cannot or do not intend to keep. So often we hear, "Now, Johnny, be a good boy and mother will buy lots of candy," or "Do this and mother will give you a penny." Soon Johnny will no longer be satisfied with one penny, and you must give him two and then three. A child with a little determination can easily work this method to his advantage. Or again, if a reward has been promised and the little girl or boy has made a great effort to do as asked, do you carelessly disregard the just demand for the reward?

A child is quick to realize it if he is being cheated or deceived. Frequently parents will misrepresent or lie to a child to keep him quiet or to gain a desired result. Often this is done quite unconsciously; then, suddenly, without realizing how it has happened, the mother awakens to the fact that her child has no regard for the truth and has lost confidence in the statements of others.

Threatening a child is a common method of setting out to obtain control. It is, however, useless and inexcusable. The simple statement of what will follow if a child persists in disobeying can not be considered a threat if the promised results really follow. But many parents indulge in meaningless threats which have one of two results. Either the child is controlled by terror, which may have a far deeper and more disastrous effect than is apparent, or he senses the fact

that none of the promised happenings take place and develops an utter disregard for them. Either result is unsatisfactory and should never be allowed to happen.

The habits that a child uses with a fair degree of success in the home may prove entirely inadequate to meet competition in the world outside. If he has not learned to coöperate and to conform within reasonable limits; to meet failure as well as success; to give as well as to take; and to carry on without constant approbation, he will be doomed to many disappointments as he begins to take up life outside the home. The earlier the child is given an opportunity of working, playing, and competing with others of his own age, the more likely will he be to formulate habits that will aid in the process of social adjustment.

It is the normal, natural thing for a child to assert his independence and assume the full limit of responsibility at the earliest possible age. Let him try and fail, if need be; he will learn by mistakes. Often it is easier to do the things for him that he is slow in doing or finds hard; but wait, give him time. The habits of dependence which are fostered by parents often make it well-nigh impossible for the boy or girl to stand alone in years to come.

In our contacts with maladjusted children, we find that all too frequently we are dealing with problem environments and problem parents, rather than with problem children. There is an abundance of evidence to show that if the parental personalities are inadequate by virtue of intellectual defect, or if their outlook on life is twisted and warped through emotional

disturbances, we cannot expect such parents to create within the environment that which we would have the child imitate. Moreover, in such cases, discipline will not be dispensed in a sane, safe, and intellectual way, but will depend entirely upon the mood in which the parent happens to be at the moment.

To the child the parent should be companion, friend, and confidant. The parent whose little child brings all troubles and doubts to him for solution has established a relationship of tremendous value. This can never be brought about if the parent's attitude is cold and repellent or even indifferent. A mother who is too busy to bother with a little child's nonsense will never be bothered by his real problems.

You may be sure that each event of the day is receiving consideration by the child. The interpretation he is giving the simplest acts may not be known to us and may be far from the correct one. Don't further confuse him by talking "over his head" in partially disguised language about things he should not know. Few parents realize how much children understand of what they hear. Don't talk about him in his presence or laugh at him. Self-consciousness is quickly developed. He may be hurt by the laughter, which he does not understand, or it may create in him an unwholesome desire to "show off" and attract further attention.

A child should be treated with as much courtesy as an adult. Children have affairs and plans of their own which they are following. These plans are frequently utterly disregarded by the "grown-up." If they must

be interfered with, let it be with some explanation and consideration for the children.

The small daughter of a young couple was playing contentedly on the hearth by her father's feet when her mother called from upstairs for her to come to bed. Two or three minutes more and Betty could have completed the task she had in hand and, had mother known this, she would have waited before calling her. With a quivering chin and eyes filled with tears Betty turned to her father saying, "But, Daddy, I don't want to go. I want to finish." Father could see the little girl's point, and his answer was, "That's too bad, Betty. Mother didn't know how near through you were, or she would have let you finish; but never mind, 'orders is orders,' so run off to bed." And off she went upstairs. In this way the father showed that he sympathized with her in her disappointment and that he expected her to meet it bravely, and he also upheld the mother in her request—all in a considerate, understanding way.

It might here be said that one of the fundamental rules of child training is that parents should present a united front to the child. If differences in judgment occur, let them be settled in private.

One of the most pathetic situations in family relationships is the "fatherless household." By this, I do not refer to the father who is dead nor the one who is separated from the family by sickness or divorce, but rather to the one who finds his business, his golf, or his club—in general, either his professional or social obligations—so engrossing that the family is denied

his companionship. In such cases, the children are absolutely dependent upon the mother.

This situation is a particular hardship for boys after five years of age. It is safe to say that the father who fails to establish an interest between himself and his child, to get the spirit of companionship, to make himself felt as a necessity in the child's life before the age of five years, will probably never do so. At best the interest will come as a sense of duty, an expedient, but not from the mere joy of it. Children are quick to recognize the difference between fun for the sake of fun, from which the parent and child get real satisfaction, and the indifferent efforts made by adults to carry out a task as a duty that bores them. Such an association not only bores the parent but also the child.

How many fathers there are who never have experienced the real joy of companionship with their children! They have unbounded pride in ownership. They toil incessantly to provide their children with food, clothing, and comfortable quarters, to send them to private schools and summer camps, to provide the means for lessons in music and dancing, thinking perhaps all the time that some day when the child gets a little older, they will take time to get acquainted. The child grows older, and as he grows older his personality develops, he takes on new habits and traits, his thoughts and feelings become crystallized into ideas. These ideas are permanent possessions, and among them are ideas concerning his parents. Father symbolizes everything that is good. Mother sings his praises and tells Johnny how hard he works to give

them all the nice things they enjoy. He is told that his Daddy is brave and honest and kindly, and on the whole his general impression is favorable. It is often, however, a rather vague, ill-defined idea to which there is attached but little emotion—something like his idea about the church or Santa Claus. He is in a receptive mood to find out more about Dad. What does he really do? How does he act? Is he interesting and funny? Does he like games, fairy tales? Does he know about Black Sambo, the Little Red Hen, the Three Bears, Babes in the Wood? What does he think about them? Would Daddy be interested in his sand pile, his dam down at the brook, his scooter or bicycle, marbles, baseball, swing, his teacher and friends? How many of these things could be discussed on a walk Sunday afternoon, or just before he goes to bed at night, or while Daddy is dressing in the morning!

The pathetic part of this situation is that the joy of companionship is so much more lasting, so much more satisfying, than the joy of ownership. It is given to many to own children, but to comparatively few to know and understand them and to be companions to them.

Mothers are sometimes responsible, in part at least, for the gulf that exists between fathers and children. The difficulties and complexities of caring for the child are stressed so much that the father is led to believe that any contribution he might make would raise havoc with all the careful thought and premeditated ideas that the mother has been daily putting into the task of child training. Whatever he says is apt to be the

wrong thing. If Johnny asks for a story, it's time for bed. If Dad brings home candy, it's a foregone conclusion that it will make him sick. If plans are made for a football game, it's too cold or rainy or something else unsuitable. Dad seems to have the faculty of always suggesting the wrong thing.

Mothers often fail to impress fathers with the pleasure that is associated with the care of the children. As a result, a valuable incentive for inducing the father to take on some of the responsibility in the care of the child is lost.

There is more than a biological need for parents. Their debt to posterity is not paid simply by providing for food and clothing and shelter for the offspring. Parenthood in itself is an obligation to society as well as to the child, which can only be met by molding the child into a social being.

It is tremendously important that parents make every effort to understand the motives for the conduct of their children, for the motives are the fundamental matter rather than the conduct itself. It is equally important that parents do not try to project into the lives of their children their own unfulfilled wishes and desires, whether associated with their demands for affection, their strivings, their education, or their social ambitions. Keep in mind that the child has a personality of his own, and that he should have the opportunity to develop along lines that are suited to his particular individuality.

CHAPTER IV

FEEDING

HABITS of eating, sleeping, and elimination are all directly concerned with the physical well-being of the child. If these habits are properly established at a reasonable time, we may be assured that the foundation has been prepared upon which to build both mental and physical health. They are the first habits to demand attention. It is in connection with these simple physiological processes that the initial mistakes in child training are made, either by ignoring their importance entirely, or by becoming unduly worried and anxious over the difficulties encountered. The results of ignoring an undesirable habit are not always obvious. The immediate effect may be trivial compared with the ultimate results. On the other hand, oversolicitude on the part of parents introduces into their relationship with the child an indefinable something that the child assumes to be doubt, misgiving, or weakness on the part of the mother or father. This attitude prevents him from looking to them for leadership, the essential factor in child training.

Experience has taught us that many of the undesirable habits and personality twists, so commonly seen in early adolescence, are closely associated in their beginnings with a failure to master these three fundamental habits—eating, sleeping, and elimination, which

are so directly connected with the organic life of the child. It is, therefore, of the greatest importance to the future welfare of the child, as well as to the peace and contentment of the parents, that these habits be given careful consideration.

One of the first tasks confronting the mother is the dual one of supplying proper nourishment to the newborn child, and helping it to develop desirable habits for taking this nourishment at such times and in such ways as will best serve its physical needs. On account of the delicate organism with which we have to deal, and the close relationship between the emotional and physical life of the child, the problem of right attitudes toward food provides innumerable opportunities for parental mistakes, which may cause results troublesome to all concerned, as the child grows older. There are few problems that cause young parents more concern than those associated with feeding.

No other part of the body is so directly affected by emotion as the gastro-intestinal tract. The circulatory and respiratory systems, to be sure, are much affected by emotion, but they do their work more efficiently and with less inconvenience to the individual when reacting to emotional situations than does the system that has to do with the digesting, assimilating, and elimination of food. Physiological research has established the fact that emotions of various kinds, such as fear, anger, or excitement, influence directly the flow of secretions that have to do with the digestion of food. It is, therefore, not at all surprising to find that a mechanism, so highly developed and so quick

to respond to outside stimuli as that of the nervous system of the child, should reveal very clearly the relationship existing between emotional and physical processes. The child who is angry, lonesome, unduly excited by overstimulation at play or by fear, is in no condition to assimilate and digest his food.

In dealing with problems connected with the intake of food, we shall assume that where no mention is made of physical causes for the symptoms displayed, they have been eliminated by a careful physical examination and the necessary laboratory tests. The next step in determining the cause of Mary's apparent lack of appetite, of Johnny's stomach ache, or Tommy's persistent vomiting involves an investigation of all the circumstances associated with the beginning of these symptoms and an attempt to determine what purpose they are serving in the lives of these youngsters.

We must bear in mind that all the feeding problems of children cannot arbitrarily be put into one of the two groups mentioned; namely, those caused by some disturbance in the physical function of the various body organs or those due to undesirable habits. All too frequently we find out that an apparently simple, concrete, physical problem, which seemingly we have no difficulty in understanding, is a complicated one that persists long after the physical cause has been removed. These are the problems that are most baffling, and they require much patience and ingenuity on the part of the parents, if they are to be met wisely.

Let us consider for the moment some of the more obvious reasons why parents tend to become unduly

concerned about the child who refuses to eat. In the first place, a poor appetite is invariably associated with poor health. It is one of the common symptoms of disease, both acute and chronic. The appetite is looked upon by the layman as an index of the individual's well-being. Secondly, many mothers have been made anxious by the attempts to standardize the weight and height of children, much the fashion during the past few years. Important as it is to see that children are adequately nourished, there is danger in exaggerating the importance of weight and growth standardization. All children do not require the same amount of food. Missing a meal occasionally is more apt to do good than harm, and all children who do not eat freely of spinach and carrots in early life do not necessarily suffer from some physical infirmity in later years.

All these factors should be looked upon by parents in a common sense way. Mental and physical health cannot be obtained for the child if every violation, either by word or deed, of the feeding regimen arouses an emotional reaction on the part of the parent leading either to anger and resentment or to undue sympathy and solicitude. Emotional display and concern on the part of parents usually directs the child's attention to his own importance, gives him a pleasing sense of power, and suggests to him how the meal hour may be utilized as a period for drawing attention toward himself.

In the following case, the childish, emotional attitude of the mother has brought about a situation in

which the entire family life is centered about the feeding of the boy.

Maurice, three and a half years old, was the only child at the time, when he was first brought to the clinic. His mother had been very much frightened when he had been ill with diphtheria at the age of four months. She was completely wrapped up in him. His father showed no interest in him, except to whip him occasionally, although the boy was devoted to him. The grandparents who lived in the same house pampered the child; and there was an aunt who sometimes gave him candy between meals. There had always been difficulty in feeding him; and by this time he had reached the point of refusing all food. There were also difficulties about sleeping. His mother was in the habit of putting him to bed whenever it was convenient for her. She had to rock him and sing to him to get him to sleep, and would always lie down with him. To get him to eat, she would sit beside him, coaxing him, showing him pictures, telling him stories, often without success. She followed him about the house, and even into the street, trying to tempt him with different kinds of food. If he were playing out-of-doors, she would give him his dinner out on the steps. The parents quarreled continually over the child's care. The mother said her husband had a poor appetite and disliked many things, which were the same things that the boy refused. She blamed him for not "forcing" the child to eat; while he said the trouble was all her fault. She felt bitterly ashamed because her child would not eat and did not look fat and rosy; for she

had a great desire to have "model children." She could not bring herself to follow out the regimen of the clinic, to give food only at meal hours, for she said she could never let her child go hungry; if he wanted anything to eat she must get it for him. Without a radical change in the mother's attitude, it will be impossible to improve this child's habits. A second child, a little girl, is being brought up with the same habits of eating.

It is to be expected that the child with a poor appetite should arouse anxiety and solicitude on the part of the parent; but in the type of case under consideration, there is frequently no relation between faulty food habits and poor appetite. In fact, many of these children with faulty feeding habits are by no means poorly nourished; neither are they underweight. Investigation discloses that the child is getting a sufficient amount of food. The problem usually resolves itself into, first, the quantity of food taken; secondly, the method of taking it and the time of taking it; and finally, the necessary outlay of energy and effort on the part of the parent in getting the child to take adequate nourishment.

Underlying many of the feeding difficulties is this erroneous idea of the mother that every child requires a definite amount of food each day regardless of how the child may feel. We, as adults, appreciate the wide variations in our consumption of food. We should not only be indignant, but uncomfortable as well, if we were required to eat exactly the same amount of food at dinner every evening, or to partake of the same

number of calories for lunch at midday. We are governed largely by our appetite, our sense of well-being, the type of work we are doing, and our general physical condition at the moment. Although certain limitations in the selection of food, both in quality and quantity, must necessarily be made for the child, it is well to take into consideration, at times at least, that his desire and demand for food vary much as ours do.

One would not, of course, wish to minimize the importance of the state of nutrition as a useful indicator of the child's general health and well-being. It is necessary to emphasize the fact, however, that a child's food cannot be too highly standardized; that all children need not necessarily be of the same weight or height at a given age; and that no harm will follow if they fail to measure up to the so-called "norms," or if they happen occasionally to miss a meal or two. One would emphasize the fact that it is the anxiety on the part of parents over some trivial matter that frequently precipitates and perpetuates feeding difficulties in children.

Not infrequently, it is some emotional experience of the parent that gives this whole problem of feeding undue prominence. This is seen quite clearly in the case of *Sally,* aged six. Her mother died of tuberculosis, and the father is haunted by a fear of the child's having contracted the disease. His one desire is to see her fat and rosy. Three large meals a day are forced upon this child by an overwrought father, who by his own anxiety creates such a tense atmosphere in the home that Sally loses all appetite or bolts

her food in fear of the wrath to come. Or, in a different mood, she waits to be coaxed and bribed to swallow a single mouthful. Instead of being a simple routine, mealtime offers an opportunity, which the child sees and grasps, for staging a little drama in which she is the principal figure, the object of solicitude and concern.

If we keep in mind that the child has certain instinctive strivings toward power and recognition and that he is rather limited in the ways in which he can gratify these strivings, it is not surprising that he should use this means of asserting himself. A mother may fail completely to see that her small son, for example, by eating or not eating, can control a great deal of her activity. He can make her sit down and feed him, tell him stories, coax him, bribe him, threaten him, move her to tears, or arouse her anger. He may not be at all aware of the motives which influence his conduct, any more than he is aware of the physiological processes which digest his food. He is, however, conscious of his power and the sense of gratification that this power gives him, just as he enjoys a sense of well-being after a nap or a satisfactory meal.

There is, then, considerable danger of the mother defeating her own purpose when she begins a meal by reminding the child that he must eat his lunch or go without. He has already found out that neither must he eat his lunch nor go hungry. He is aware that the teasing, coaxing, and bribing will be followed by threats; but he is in a position to arbitrate at any moment. The oversolicitous mother is always willing

to compromise. The boy feels secure, for repeated experimenting has taught him that mother will not only forego the threatened punishment, but in the end will undoubtedly sit down and feed him. However, the thrill of the situation frequently does not end there, because mother, deeply concerned and much agitated over the whole problem, is apt to discuss the child's feeding difficulties with neighbors, friends, and other members of the family. Thus the child again continues indefinitely to receive much satisfaction from being the most talked-about person in the household.

The foregoing generalizations are applicable to most of the problems concerning the feeding of children, regardless of where they may be found. These problems are universal, no social strata being without them—indeed, perhaps they are to be found more commonly in the homes of the well-to-do, especially in those where children are cared for by governesses and nursemaids.

Let us now consider some of the details in the management of this problem, as illustrated in the cases that follow:

Tom, aged three years: Birth was difficult. Development was normal. He had none of the ordinary diseases of childhood. At the age of two he was treated with radium for a persistent thymus gland. At the present time he has moderately enlarged adenoids and tonsils. He is extremely finicky about food and has definite likes and dislikes. He does not care for milk, refuses vegetables, but is fond of meat and sweets. He never wants to take his food at meal time,

but eats apples, lollipops, and occasionally ice cream cones between meals. When he is made to sit at the table, he plays with his food, mixes it together on his plate, occasionally taking a few nibbles and spilling much of it on the table and floor. Besides being a feeding problem, he sleeps poorly and tosses and twists about, often crying out at night. He has a rather superior intelligence, rating a year ahead of his chronological age. The parents are intelligent working people, anxious to coöperate in overcoming the difficulty.

The following plan was suggested and successfully carried out. The first and most important step was to overcome the mother's anxiety over the situation. This was done by assuring her that the problem was a common one and could be remedied quickly and efficiently with her coöperation. Time was taken to go into details that she might understand clearly the purpose that the finicky feeding habits were serving for the child.

The fact that he was shy and diffident, that he made very few contacts with other children, and that his father spent little time at home, gave the mother an added importance in the life of this child. It was, therefore, imperative in his scheme of things that he should not lose his control over her. Emphasis was placed on the fact that the child had learned from experience that if he did not eat his meals at the regular hour, she was only too glad to provide them at a time to suit his whims. An effort was made to impress the mother with the important point that if the child could

get his food whenever he wished, that if he could get apples and ice cream and lollipops instead of potatoes and spinach, it was unreasonable to expect him to conform to her plan. It was also pointed out that unless she could assume an indifference to the problem at meal time, little success could be expected. In other words, if the child insisted on staging a show, that is, dramatizing the meal hour, he must do it without an audience. The mother's worries and anxieties about having the child miss a few meals were anticipated, and it was explained here that she was thinking of protecting her own feelings instead of displaying a genuine regard for the child's welfare.

The causes for vomiting in children are numerous and varied: it is a common symptom of disease, and it is also frequently precipitated by emotional stress and strain. One should, therefore, eliminate not only every possible physical cause by careful examination, but one should also seek diligently for the cause of the emotional stress and the factors in the child's environment that produce it. Thus, in addition to the reassurance of a negative physical examination, before deciding that the vomiting is a habit, we should likewise have an environmental history to determine whether there are conditions in the child's life to account for the ejection of food.

One of the most common situations leading to vomiting in children is associated with feeding. After the mother has utilized all her persuasive efforts to make the child eat and finally concluded by using threats or punishment, she has on her hands a child who is angry

or resentful or, perhaps, frightened and subdued. Such efforts occasionally are rewarded by getting more or less food into the child's stomach; but invariably, after one of these stormy sieges, the physiological processes that have to do with the retention and digestion of food have been so disturbed by the tenseness of the emotional situation, that the food is involuntarily ejected. Although the situation which led to vomiting was entirely an emotional one that might well have been avoided, the actual ejection of the food was a physiological process quite beyond the child's control.

Vomiting also may occur as the aftermath of some physical disease of which it was but a symptom, persisting long after the physical cause has been removed or spontaneously cleared up, as in the case which follows.

Frances, aged five years, had been in the habit of vomiting intermittently for the past two and a half years, sometimes several times a day. She never went longer than two weeks without vomiting. It occurred especially in the morning, but also at all other times. Sometimes on waking in the middle of the night she would be nauseated and call her mother. The trouble began after a tonsil and adenoid operation, when the child was under ether a long time and vomited constantly on the day after the operation.

She was a precocious child, and it was evident that this vomiting played an important part in her life. She thought about it a great deal and talked about it in much the same way as a neurotic woman might discuss her symptoms. She had reached a state of mind where

any undue emotion or strain easily upset her and caused the immediate reaction of vomiting.

The family physician considered that the trouble had a physical origin and urged an operation for chronic appendicitis, which was done against the advice of other physicians. The condition in which the appendix was found did not explain the vomiting; and the trouble continued. The child was physically healthy.

The mother was worried and anxious. Her attitude toward the child was one of absolute devotion, almost of reverence. There were two older children who gave little trouble and most of the mother's attention was given to Frances. Her diet was constantly under consideration, and she was given her meals apart from the other children. She was not allowed to go out and run about with the children, as the family physician had recommended restricted exercise. At times her mother kept her in bed and when she took her out used a carriage rather than let the child walk. The neighbors supposed the little girl was an invalid. It was clear that Frances had found out that she got sympathy and was considered different, while she continued the habit of vomiting.

In spite of the fact that the mother was in general an intelligent and sensible woman, her emotional attitude toward this child was very difficult to overcome. When Frances was sent to school, her mother went with her every morning and came again at recess time to see if she had been vomiting. By degrees, however, the mother learned to ignore the habit for the most part

and to allow the child to lead a normal life. In the course of a year she felt that the child had made great improvement, although there were still occasional spells of vomiting.

In this particular child, as with other similar cases, the vomiting was not primarily a feeding problem, but rather a bit of technique the child used to gain the attention of an oversolicitous mother. Illness of any kind and under any conditions usually gives the child certain privileges in the family circle. Many children find it difficult to give up the position of advantage that sickness has brought them. We find them clinging tenaciously to their illness, or to such parts of it, as will serve their purpose. This subject will be discussed in more detail in the chapter on Personality Changes Following Illness.

Imitation, although it is not a common cause for vomiting in children, is a factor to be considered. The reflex mechanism is so delicately adjusted that certain sensitive children cannot see or hear others vomiting without ejecting their own food, and occasionally situations arise in the household that act as the exciting factor for rather persistent vomiting in the child. This was seen in the case of *Janet.*

Janet, aged six years and nine months, was brought to the clinic by her mother because of persistent vomiting, which began about four weeks prior to the visit, and for enuresis, which had been almost continuous since birth. No attempt had ever been made to establish a routine that would break up this habit.

The child is shy and will not speak unless spoken

to even at school; frequently hangs her head when spoken to by the teacher and refuses to answer. She is extremely selfish and jealous of the other children. At home she is quarrelsome but gets along without difficulty outside. She seems to have a normal attachment to other members of the family, with the exception of the younger sister, Florence, toward whom the patient is very antagonistic. At the clinic, she seemed to be a dull, apathetic child, who hung her head and refused to look at the examiner; she was extremely lacking in self-confidence with absolutely no interest in her surroundings. One felt at once that there was a problem of mental deficiency to cope with—a fact borne out by subsequent tests and psychometric examination. Her intelligence quotient was 64, which seems to be a fair indication of her mental equipment.

The home environment is poor. The family live in a very narrow tenement street. They have an apartment of three rooms which is untidy. The mother and the younger child, aged two, sleep together in a double bed, while the father, Janet, and her sister Florence sleep in another double bed. They have lived here for five years. Nothwithstanding the fact that present conditions are extremely poor, they have shown considerable improvement during the past few years. At that time they were living in one room, the father was drinking, the mother had no interest in the children whatever, and they were very much in debt. At the present time, the father has stopped drinking, the mother is taking more interest in the children, and they are no longer in debt.

It was not difficult to determine how the child's habit of vomiting had its origin. The mother, because of her pregnancy, had been vomiting for the past few months, frequently in the presence of the child. How much was imitation and how much was stimulated by the physiological reaction of seeing another vomiting, it is difficult to say. However, as soon as the mother was instructed about the necessity of seeking privacy during these vomiting periods, and after it was explained to the child (although mentally deficient) how unnecessary it was to persist in this habit and how foolish it would be for her to continue to take food if she persisted in throwing it up immediately, the problem seemed to be solved, for within two weeks the vomiting ceased completely.

Further investigation showed that Florence, two years younger, and of higher intelligence, was also troubled with bed-wetting at night. The routine measures were instituted at once for both children. A chart system was put in operation and rivalry as to which one would bring in the best record was stimulated. The results in both cases were extremely gratifying so far as the enuresis was concerned.

It is quite obvious that the problem of mental defect, jealousy, and pugnacity in these children is more fundamental than the symptoms which we treated and cured. On the other hand, one must consider the environmental situation and appreciate the limitations of training under such conditions.

At the present writing, another youngster has been added to the household, making five children in all, the

oldest of which is just over seven. The mother finds it necessary to go out to work, having taken a job cleaning a theater at night. She leaves the house at half past ten and works for eight hours, sleeping most of the day. She represents well the type of mother who is worn and wearied by toil and has but little to contribute to the welfare of the home. She is, however, extremely gratified in having her burdens lightened to the extent they have been. Both children continue to visit the clinic at frequent intervals, the mother feeling that they are more easily disciplined if they have to make a report to the clinic occasionally. The interesting point in this case is that it shows how important imitation is in the mental development of children, as well as the fact that feeble-minded children do respond extremely well to the simple training methods.

The Regurgitation of Food

The regurgitation of food is not uncommon during the period of infancy and often lasts for several months in spite of efforts to correct the habit. Many of these children have the habit, not only of sucking their thumbs, but of putting the whole fist into the mouth, thus bringing about a reflex irritation. The sucking of pacifiers or rubber nipples may produce the same result. Children who have this habit of regurgitating food should not be rocked or tossed or handled in any way immediately after meals. Moreover their food should be prescribed by a physician and should be of such consistency that it does not lend itself well to

this habit. Water, of course, should not be given at meals.

A few children seem to get the same emotional satisfaction from the regurgitation and ejection of food as they do from emptying their bladder or bowels. Others become quite concerned and terrified. This latter group, needless to say, never become habitual vomiters.

In the development of proper habits of eating, nothing is more important than the state of mind of the child at meal times. Every effort should be made to have him calm and cheerful and, if possible, free from immediate demands on his time for other purposes. This necessitates giving the youngster an advance warning so that he can finish the task at hand and have a few minutes of rest before he comes to the table. It is to be expected that the child who is called from some intensely interesting occupation or play will not be as much concerned about eating as he would be if that were his sole duty for the moment. If he is sullen or resentful or highly excited, he will probably show a lack of appetite, and it is not unlikely that the food will be distasteful to him.

Until desirable habits of eating are well established, it is best to have the child eat alone, where, without an interested audience, he may learn to feed himself. If he slops and spills things about in this process of learning, no great harm will be done. In this way, there will be less to distract his attention, and he will not be tempted by the array of food that he sees provided for the adults. If the mother sits with him for

company, which is quite suitable, she should have something to take up part of her attention, sewing or reading, for example. The child will not then feel that her whole attention is focused on him. Nothing can handicap parents more in their efforts to develop desirable habits regarding eating, than to have the child appreciate the intense interest they exhibit in this matter. If you have anxiety, conceal it, at least outwardly, and treat the meal hour as a pleasant but incidental part of the day's routine.

If, for some reason, the child cannot or will not eat the meal before him, do not force him or talk the matter over with others in his presence. There is grave danger of arousing an antagonistic attitude toward a particular type of food by insisting that it be eaten the first time it is presented. There is probably a certain resentment on the mother's part if her command is disputed; and perhaps there is a feeling, which is entirely unjustified, that if she cannot make Johnny eat spinach or carrots the first time they appear on the table, he will never eat them. Through such tactics there is danger of creating an unpleasant scene, which will invariably recur to the child, whenever he sees these foods, and so prevent his eating or enjoying them.

Dainty serving of food goes a long way in arousing appetite. A small table and china "all his own," or being allowed to sit in mother's place at the table, may have a great appeal. Let the child know that when he learns to feed himself in a quiet, efficient manner, he may then come to the table with the grown-ups. This

may give him the incentive to strive for perfection. Occasionally consult the child's preference about his food; but never let him feel he is free to dictate as to what he will and will not eat. Teach him that certain foods are required if he is to grow big and strong and rugged like the "Daddy" he adores. Do not insist on pushing him; lead him once in a while. Little harm will result from missing a meal now and then. There are times when food is repulsive to children for no apparent reason. There are other occasions when their mood is such that they enjoy arousing anxiety, worry, and solicitude in the parent. You will find when this is the case and the child says he does not want any lunch, it is wise to reply that it is quite all right, if he is not hungry he may run out to play. You have thus removed every resistance he hoped to battle against, and if his refusal is merely an emotional attitude, it is unlikely that he will take chances on missing a meal in the future.

Remember that children are quick to copy. If, for example, grandmamma is on a limited diet and cannot eat this or that, or if father frankly emphasizes his likes and dislikes, then the child likewise is apt to become finicky and notional in his eating although purely on the basis of imitation. The child who early learns to eat with a good appetite whatever is set before him will be saved much discomfort and embarrassment in later life.

Of course, the child should have plain, nourishing, easily digested food that is well cooked and served in small quantities. Regularity in serving meals is of

great importance, not only for physiological reasons, such as keeping the intake of food evenly regulated in order that the digestive apparatus may work smoothly, but for other reasons as well. Obviously if a child learns that food is available at any hour of the day, he will not be greatly concerned in eating at any definite time. It should be understood by the children and strictly adhered to by the parents, that if the youngster does not eat at the allotted hour, he gets nothing until the following meal. This means that care must be taken to prevent his being fed between meals by other members of the family, or supplied with pennies with which he can buy sweets to appease his hunger during the interval. The child should not be hurried during the meal, nor should he be given so much time as to encourage dabbling with his food. The ordinary meal for a child should not require over thirty minutes at the most. If by that time he has not finished, remove the food without any comment and dismiss him from the table.

Again, remember the meal hour must not be a time that affords the child an opportunity, through his attitude toward taking his food, to "put himself across" as an individual of importance.

CHAPTER V

SLEEP

SLEEP is a matter of the greatest importance to the mental and physical welfare of a child, especially during the first three years. Through the physiological process of sleep, nature has provided for the conservation of the child's energy, so that it may meet adequately the demands made upon it by the tremendous physical and mental growth that is taking place.

Gesell, after laying stress on the rapidity with which the brain grows, reaching almost its mature bulk before the age of six, and quoting Donaldson, who states that the cerebral cortex attains its full thickness at about fifteen months of age, goes on to say, "The infant learns to see, to hear, handle, walk, comprehend, and talk. He acquires an uncountable number of habits fundamental to the complex art of living. Never again will his mind, his character, his spirit advance as rapidly as in this formative preschool period of growth. Never again will we have an equal chance to lay the foundation of mental health." [1]

Sleep is the child's chief occupation during the first six months. He sleeps practically all the time during the first few weeks, from twenty to twenty-two hours,

[1] Arnold L. Gesell, M.D., *The Mental Growth of the Pre-School Child* (New York, The Macmillan Company, 1925), p. 11.

and, according to Dr. Holt,[2] wakes only from hunger, discomfort, or pain. At the end of six months the actual hours of sleeping will probably be reduced to sixteen or less, the reduction taking place gradually, until the age of four, when twelve hours will probably be sufficient for good bodily health. Good sleeping habits are closely associated with regularity in feeding, the one being very apt to disturb the other.

Proper habits with reference to sleep can be developed as a rule without difficulty in the ordinary home, but those who come into intimate contact with the poorer families appreciate how difficult it is to devise ways and means to provide proper sleeping quarters for six or eight children and mother and father in a four-room tenement. Such situations, brought about by economic stress, cannot be met by habit training. They are big social problems, demanding the attention of social and governmental agencies. In this chapter, we must assume the physical environment to be such that adequate quarters can be provided for the child, and concern ourselves only with those factors that are within the control of the parents.

A well-regulated, routine life for a child is absolutely essential to his physical and mental welfare. Regular habits can be formed only if the child learns from experience that he is to do the same thing every day at the same hour. It is only after the habit has become well established that we can afford to deviate from our

[2] L. Emmett Holt, M.D., and John Howland, M.D., *The Diseases of Infancy and Childhood* (New York, D. Appleton & Co., 1922), p. 6.

charted course. Even then it is with more or less danger that we introduce exceptions, for with each deviation from the routine come new interests and emotional satisfactions, which in themselves are the driving forces for every new habit. Thus we form the habit of irregularity.

Dr. Holt, from his wealth of experience, stated: "Training in proper habits of sleep should be started at birth. From the outset an infant should be accustomed to being put into his crib while awake and to go to sleep of his own accord. Rocking and all other habits of this sort are unnecessary and even harmful. An infant should not be allowed to sleep on the breast of the nurse, nor with the nipple of the bottle in his mouth. Other devices for putting infants to sleep, such as allowing the child to suck a rubber nipple or anything else, are positively injurious. If such means of inducing sleep are resorted to, the infant soon acquires the habit of not sleeping without them." [3]

The hours for going to bed and arising, as well as for nap periods, should be firmly and unalterably fixed. There is a great temptation for parents to keep the child up a little later, or put him to bed a little earlier to suit their own convenience, or, perhaps, they wish to display the child to friends who are coming for a seven o'clock dinner, when he should have been in bed at six. Possibly a visitor, who drops in during the nap period, "is just crazy to see Tommie before leaving," in spite of the fact that he is resting quietly. We, as adults, have

[3] L. Emmett Holt, M.D., and John Howland, M.D., *The Diseases of Infancy and Childhood* (New York, D. Appleton & Co., 1922), p. 6.

too little concern about the privacy of the child's life. We violate it continually in a thoughtless sort of way.

It is perfectly natural for the child to complain occasionally about having to leave an interesting occupation or to retire from some attractive situation for the isolation of his bedroom. It does not take him long, however, to learn that these complaints do not deter the wise parent. Neither is he slow to utilize tears or tantrums if past experience has taught him they will serve his purpose. Many a child, at an early age, keeps several paces ahead of his parents, when it comes to finding means and methods for gaining his own way. The mother who starts by consoling the whining child at bedtime and finally ends up by rocking him to sleep or lying down with him may feel that she is doing a kindly thing. But, as a matter of fact, she is laying the foundation for future difficulties both for herself and the child. If the child cannot remain in the company of the adults, he reckons on doing the next best thing by taking the adults with him.

On thing more should be added. The child should have the idea firmly fixed in his mind that the sleeping period is the time when he must be alone, that companionship and distraction, such as books and games, are not compatible with sleep, and these things cannot be gained by wailing. The mother who complains that her child does not go to sleep for hours after he goes to bed will invariably tell you also of his demands upon her attention—a glass of water, the closing of a window, "I want to go to the toilet"; "I have something to tell you"—anything that will attract her

notice. Often this attitude of the child toward the mother at night is quite in contrast to his bold adventurous spirit during the day.

Michael is a friendly, attractive child, five years old, indulged by his parents; who has learned how to get his own way and attract attention, both of which he does freely. During the day he is apparently without fear. He boldly ventures forth from home, travels through the congested districts, crossing the city streets and dodging the traffic with unconcern.

At night, however, it is quite a different story. He demands that he sleep with his mother and that the lights be left burning. He wants to be assured that he will not be left alone, and in general is much concerned about his personal safety. When overtaken by sleep he tosses and turns, talks in his sleep, and wakes up frightened. We have no knowledge of the mental content of his dreams; but we do know that the father has used fear as a method of getting obedience. The "bogy man" seems to have impressed him most. As one might expect, it is these weird imaginary characters, like the "bogy man who carries off naughty boys," that make the strongest impression upon children. They soon learn, as this child did, that there is no truth in such statements that policemen will get you, but there is no way of disproving the "bogy man." It is a most unfair and cruel disadvantage to take of children to make such threats. The boy's sleepless nights only make him more stubborn and defiant, and the disciplinary measures of force and fear used to meet the undesirable conduct, in turn increases the

terrifying dreams and insomnia. So the vicious circle continued until the parents got together and worked out a program for managing the child in quite the same way they might have faced the family budget. All questions regarding discipline were to be settled in private and not before the child. Under no circumstances would fear be used, and every effort would be made to overcome the existing fears. The child was to have his own bed with a subdued light at first but gradually to be weaned from this. A plan of outdoor play was prescribed with proper exercise and diet. The child is to continue at the clinic for treatment and the mother for training.

A short period of absolute rest from any sort of physical activity, or mental stimulation, just before the child goes to bed, is of value in helping an active child to find sleep soon after retiring. Playing about until the last moment before retiring, or listening to some exciting story or the radio, is often the cause of many restless hours in bed. The thrilling story in the living room often becomes terrifying to the imaginative child once he finds himself in the quiet and dark of the bed chamber.

Children often experience much anxiety from being deceived about their parents' going out after they have gone to bed. It is sometimes thought to be a matter of kindness to the child to give him the assurance that mother and father will be right in the next room, and to do no harm to slip away after the child has gone to sleep. This type of deception not only has all the disadvantages that deceptions in general have, but it

may also be an important factor in developing sleepless nights for the child for years to come.

If it is necessary for the parents to leave the house after the child has gone to bed, it is much wiser to tell him honestly that this is to happen. It may be a bit more difficult for the parents the first time, but in the long run it will be easier for all concerned.

Most children at some time or other during early life have the fear of being deserted through their parents' going off and leaving them alone and not coming back, or of being given away, and such deceptions accentuate this type of fear.

Recently a boy of eight years old remarked to his teacher, after he had been reprimanded for "sprawling all over his desk," "I am so tired; I hardly closed my eyes all night." Such remarks are rather characteristic of children who come from homes where sleep, sickness and their general state of well-being are common topics of conversation. The child not only imitates this conversation of the grown-ups, but often uses the same excuses to avoid some of the annoying tasks that he is called upon to perform.

This state of mind, in which the adult is so tremendously concerned about his own physical welfare and anything that affects him in any way, is very difficult to overcome. If it has been continued over a period of years, and the habit has become well intrenched, the child must be taught to ignore it; but an attempt should be made to get the parents to overcome it as far as possible.

There is a great difference in the inherent sensitivity

that children exhibit toward noise and light, heat and cold, indiscretions in diet, emotional situations, and, in fact, any stimuli both internal or external affecting the nervous system. The average child, however, properly trained in regular hours of sleeping and eating, whose eliminating processes are functioning normally, and whose general regimen of living is not dependent upon the whims of adults, need have no protection thrown around his sleeping quarters. In fact, it is not difficult for the child to develop the habit that permits him to sleep on in spite of noise, light, and other factors. The ability to short-circuit, so to speak, these stimuli, which ordinarily arrest one's attention, when either awake or asleep, is brought about by experiences often repeated over and over again. It is comparable to the negative adaptation that the stenographer makes, working in a busy office, where the typewriters are constantly clicking. She soon learns to carry on quite unaware of their presence.

It is therefore not well to protect the child from everything that might possibly disturb his sleep; in fact, it is much wiser, during his early years, for him to learn to sleep under what might be called adverse conditions. The undue precautions so many parents take in order to secure what they consider ideal conditions for the child may well be the very factor that makes him unduly sensitive in later life.

There are, however, a few important factors to be considered. The child should always sleep alone after the second year, whenever possible. He should never sleep with adults, nor in the same room. Conditions

often exist where it is necessary for two children to sleep together during preschool years. This can be condoned only when the children are of the same sex.

The healthy child should go to sleep within twenty or thirty minutes after going to bed and should get up immediately after awaking. If it should be that the child habitually awakes before the adults of the household arise, some form of amusement should be provided, as it is during these restless periods that masturbation often begins.

The nap should be considered an important part of the child's regimen up to five years of age, and longer, if it can be continued without too much friction; as fatigue is one of the most important elements in causing neurotic traits in children. The tired child is very apt to be irritable, faultfinding, selfish, finicky about his food, and generally discontented. This is often followed by more serious evidence of nervous instability, such as stuttering and twitching of the muscles that simulates chorea. The child may show evidence of either physical or mental unrest during the sleeping hours, and often both occur together. Tossing and turning, grinding the teeth, sucking the lips, walking and talking during sleep are all signs that the child is not getting adequate rest. Much of this activity is due to disturbed physiological processes and physical examination is indicated to rule out indigestion, constipation, mild infections, disturbance of some of the glands of internal secretion, worms, and local irritations. Indiscretions in diet, too many bed clothes, poor ventilation, are all factors worthy of consideration as

predisposing causes for insomnia. However, although the foregoing physical conditions and environmental situations may lower the threshold of consciousness, if there were nothing in the unconscious mind of the child that was seeking expression, there would be material out of which to manufacture the dreams that cause the mental or physical unrest during sleep.

Emotions successfully repressed in waking hours may be revealed in sleep, as in the case that follows:

Dorothy, although she is only four years old, is having to meet one of life's very difficult problems, that of being supplanted by somebody else. When Helen arrived two years ago she became quite unconsciously to all concerned the center of attraction, and as time went on the favorite of the family. The grandmother always refers to Helen as "grandma's girl." Dorothy has met her new situation very well. She is a sturdy, vigorous child, rather inclined to dominate, but gets on well with other children; and she is usually happy, affectionate, obedient, and helpful about the house. Occasionally she is bold and assumes an indifferent manner toward praise and blame. Helen, her younger sister, on the other hand, anticipates blame or punishment and often forestalls it with a few well chosen tears. At night Dorothy is restless. She finds it difficult to get to sleep, wakes up several times, claims she is frightened, demands her mother and wants consolation. She soon quiets down and there is little evidence of fear. In as much as the sleepless nights and the fear subsided after the household changed their attitude toward the child, giving her more time and attention,

we cannot but feel that the troubled sleep was utilized as a means of getting the attention that was denied her during the day.

Talking or walking during sleep is only the reaction to a vivid dream, which often occurs when the child is reliving some actual experience. It is not uncommon for the boy who has participated in an exciting ball game in the afternoon to react a part of the game in a vivid manner during his sleep the same night. There is all the emotion attached to his pantomime at night that there was in the real experience; and much to the family's dismay he may use the same language toward some offending player as he did in the afternoon. Mother is horrified to find that John knows such language, but some of it sounds rather familiar to Dad.

Children's dreams are often the frank expression of unfulfilled wishes; as one boy who was not athletically inclined, but who yearned for some of the glory that came with such accomplishments, had repeated dreams of finding himself doing most spectacular stunts on the athletic field and receiving the applause of the spectators. Such dreams are invariably pleasant and the child is very apt to elaborate on them, sometimes talking of a dream as an actual experience. The night walking is associated with dreams that are intensely emotional, usually with fear, sometimes with grief. One boy who was very close to his father, began to walk in his sleep almost immediately after his father's death. He would get up and dress, wash, unlock doors, walk two miles to his father's grave, kneel and pray, return home and go to bed. Fear dreams are less

common among children than among adults because in their waking life children usually make no effort to repress the fear, while adults not only repress fear but deny its existence even to themselves. Children should not only be allowed to discuss their fears with parents but parents should make every effort to determine what the fear may be, if the child is having disturbing dreams. Parents are in a position to do much to prevent fears from playing a dominant part in a child's life, but after they have developed they can probably be more intelligently handled by a physician who is trained to cope with these problems. Sometimes parents, feeling that sleepwalking is allied to a form of mental illness, endeavor to keep the problem a secret. The child is warned not to say anything about it, just as though it were some loathsome disease. This exaggerates the importance of it to the child until he too feels that he not only has something to be ashamed of but also something for which he is to blame. A young college girl recently seen was in a severe state of anxiety, because she was afraid some one would find out that she occasionally walked in her sleep. Needless to say such an attitude increased the necessity for repression, which was the basis of her problem. She was much relieved and benefited when she got her problem in proper perspective.

These various activities during sleep are usually of short duration and, if properly managed by parents, need not cause any alarm whatsoever. If, however, the attitude of parents drives the child to further repressions, they may be prolonged indefinitely.

The value of sleep to children cannot be overestimated. The proper functioning of the various bodily organs, and, what we term the state of well-being—mental alertness and emotional poise—may all be disturbed by inadequate sleep. If proper habits are established in early life much of the worry, anxiety, and real agony associated with insomnia in adult life may well be avoided.

CHAPTER VI

ENURESIS

AGAIN we must lay stress on the importance of a careful physical examination in order that we may first eliminate, so far as possible, the various physical causes for bed-wetting. There is grave danger in overlooking this warning. To treat a child who is suffering from some disease of the genito-urinary tract, which may cause bed-wetting, on the assumption that the enuresis is simply a matter of poor habit training is a calamity. To prevent the child from obtaining relief through proper medical and surgical means might even result fatally; and to make demands on the child to overcome a condition which is beyond his power to control is obviously futile. There are many rather minor physical conditions which act as the exciting factor in bed-wetting. Local irritations in the genital region, and adherent prepuce, phimosis, narrow meatus, rectal irritations due to worms, and other physical conditions are all important. Incontinence of urine is frequently associated with a highly concentrated and acid urine, especially where the fluid intake has been insufficient. The more general conditions of anemia, malnutrition, and constitutionally unstable nervous system may all cause enuresis and should receive the proper treatment.

After these organic conditions have been eliminated, there still remains a large group of cases which depend

upon faulty habit formation for their cause and persistence. One must bear in mind, moreover, that even in those cases where a definite physical cause has been found and eliminated, the enuresis may persist simply from habit.

Enuresis may occur either in the day or night or at both times. In some cases it occurs only at night, and in others only during the daytime. It is found in both sexes with about the same frequency. Some children may reach the sixth or seventh year and occasionally an even later age before they overcome the habit of bed-wetting, which is perfectly normal in infancy. Others become perfectly trained in bladder control before the end of the second year, only to develop the "wet habit" later on. After the child has once been trained to the dry habit and the enuresis has returned, it may last a few days or go on indefinitely.

"In most cases," says Dr. Holt, "the condition is purely habit, often associated with other habits which indicate an unstable or highly susceptible nervous system." [1] It is with this group of cases that we are concerned. In the great majority of cases where the child is not properly trained at two and one-half years of age, the fault can be attributed directly to the parents. They have failed to establish the dry habit. This may have been because they were ignorant of the importance of habit training. Often it is due to indifference or laziness, the parents feeling that it is too

[1] L. Emmett Holt, M.D., and John Howland, M.D., *The Diseases of Infancy and Childhood* (New York, D. Appleton & Co., 1919), p. 665.

much work to take the child up at inconvenient hours and thus permitting him to become accustomed to wet diapers. Moreover, often parents attribute the child's difficulty to inheritance. They state that they, too, had the same trouble until late childhood or early adolescence, and that they are simply waiting for the child to outgrow the habit as they did.

As will be stressed later on, in another chapter, parents are inclined to accept such parts of their own childhood experiences as they remember as being fair guides of what to expect of their children. Unfortunately, many of the memories we carry over consciously into adult life are deeply charged with emotions, which may be either pleasant or unpleasant. So the parent who because of enuresis was shamed, humiliated, punished, and frightened, through the efforts of those concerned to overcome the habit, will probably be very sympathetic toward her own children who have the same trouble. The mother's fear of subjecting the child to the emotional experiences of her own childhood is often the real reason why she seeks explanations for the enuresis on physical grounds, where none exist, and why she clings so firmly to her plan of letting the child "outgrow it."

If it were true that fear, humiliation, and punishment were essential to treatment, the parent would have been quite right in avoiding it, but fortunately they play no part in the treatment. In fact, the most important feature of the treatment is to prevent the child from developing a feeling of inferiority because of the habit.

In the treatment of enuresis it is because a general improvement in the child's behavior and attitude accompanies improvement in this habit that one is led to believe that the feeling of inferiority and shame associated with enuresis in so many cases often colors the entire mental life of the child. It is, therefore, of practical importance in the treatment of mental problems in children, where enuresis happens to be one of the symptoms, to institute treatment for the enuresis at the earliest possible date.

Although it was impossible in the case of the little girl described below to determine the underlying mechanism of the terrifying wakeful periods, it is of interest to note that many favorable changes in her behavior took place during the treatment of the enuresis and subsequent to it.

Rosamond, aged three years and nine months, was brought to the clinic by her mother, who said that about a month before she had begun to wake up in the night frightened, crying out and talking about soldiers. There was the further problem of enuresis, which had persisted since birth and occurred both at night and in the daytime. She had always been finicky about her food. She was very shy and would say nothing in the presence of strangers, but would cling to her mother. When younger, she had a severe temper and frequently went into tantrums. She was extremely jealous of her younger brother. This jealousy was carried to the extent that, when her mother first began to nurse him, the child would not lose an opportunity of slapping or quarreling with him. She did not care to play with

other children, but was self-centered and retiring, and quite capable of entertaining herself. She was obedient and rarely had to be disciplined. Her play life was occupied largely with her dolls, or occasionally with her brother, but she rarely associated with other children. She was much more attached to her father than to her mother and lacked a normal interest in her brother.

There had been some difficulty in sleeping for a long time past. The child was put to bed at seven-thirty in a room by herself and usually went to sleep within half an hour. Then she would wake up at one or two o'clock, when she insisted upon getting up. This wakefulness had become a very disturbing factor in the household because when the child awakened she cried. For the past three weeks she had developed an unusual fear of soldiers, and upon waking cried out in fear, saying, "Don't let the soldier get me!" The story was that some weeks earlier she had been taken to the Common by the mother and had seen soldiers drilling. This, for some unknown reason, alarmed her and since that time she had talked continually about soldiers, saying that they are going to take her away. When she waked at night she would cry out to her mother. "Close the door, the soldiers are coming!" She had refused to go into any room alone since the event, and wanted her mother constantly by her side. She had become very much afraid of the dark.

At her first visit to the clinic she was extremely shy and would have nothing whatever to do with the examiner and spoke only to her mother in whispers.

She resented any attempt on the part of the doctor to become friendly, and seemed unusually timid.

Routine measures for the enuresis were instituted. The child was permitted to go to bed at the usual hour of seven-thirty, awakened at ten, and permitted to sleep until morning. The mother was instructed to take her to the Common every day when the soldiers were drilling, and to allow her to make such advances as her fear would permit, while constantly reassuring her and instructing her about the soldiers as intelligently as her years would allow.

At the end of the month the mother reported that the child had shown considerable improvement and had gone two weeks without wetting the bed, had slept better, and was no longer afraid of soldiers. The fact that the mother had taken her to the Common every day had seemed to dissipate her fears. The child was more friendly toward the doctor but still shy and bashful.

Improvement continued during the summer months, and in September the child entered the kindergarten. She got along well and showed a normal interest in the school work. She enjoyed the associations with other children, was quite unselfish, well-mannered and obedient.

It is interesting to note in this case that this little girl, since coming to the clinic, has shown such marked ability to adapt herself in a satisfactory way to both home and school conditions. She is no longer wholly dependent on her mother and has become interested in her little brother and affectionate toward him. She

is sleeping well, her appetite is good, there is no difficulty with enuresis, and she is no longer disturbed by fears and terrifying dreams.

Although there are marked differences in the ways in which children respond to training and the ease with which habits are established, there is no reason to believe that any child, free from physical defects, cannot be trained to proper toilet habits by persistent and conscientious effort on the part of the parents. If the child has gone beyond the age of three without developing the dry habit, the matter should be given serious consideration. There should be established a regimen which eliminates, as far as possible, any excessive mental strain. The child should have definite hours for getting up and going to bed. If he is still of preschool age, his hours in bed should be increased both at night and at nap time. Two or three hours can be added to his rest time by putting him to bed one hour earlier than usual and keeping him in bed half an hour later in the morning, and by increasing his rest period after the noon-day meal by an hour. For the child who was getting twelve hours at night and a one-hour nap, this will add two and one-half hours of rest, which mean much to the busy, active child with a highly organized nervous system. It at least conserves his output of energy, even if he only rests and does not sleep. It is important that some amusement, such as pictures or reading, be provided for the resting hours when the child is not sleeping.

The child with the habit of enuresis should have a simple, bland diet and should avoid, under all condi-

tions, highly seasoned food. Routine measures should be established to prevent constipation and stimulate free elimination through other sources than the kidneys. The first and most important step in the treatment is to interest the child in making an effort to overcome the habit. This attitude is never brought about through punishment. Present the problem to the child as a thing capable of achievement; something that is well within his grasp; make him feel that he is bigger than the habit and capable of conquering it. All this adds to the enthusiasm with which he will undertake the task. To humiliate him serves no useful purpose and is of no help to him in overcoming the habit.

One may point out, moreover, all the disadvantages that the habit entails, not only to himself but to his parents. Project these disadvantages into the future and impress him with the importance of growing up so that he can participate in the various activities of life without danger of being humiliated. Point out that the advantages to be gained are worth the extra effort needed to succeed in overcoming the habit. Boys are always interested in going away with their parents on pleasure trips, or going off to summer camps or making other excursions away from home, which would be quite impossible unless they overcame the habit of bed-wetting. Around these desires constructive arguments can often be built.

After all the advantages and disadvantages and the various motives for making the effort have been presented to the child, so that he is eager and anxious to

start out to conquer this undesirable habit, it is then well to introduce some help from outside. Water and milk should be eliminated from his diet after five o'clock at night. The parents should make an attempt, by trips of inspection, to find out at what time the wetting occurs. When the critical hour has been determined, the child should be taken up and thoroughly awakened on his visit to the bathroom. He should again be awakened early in the morning, if that is necessary. A careful record should be kept of his failures and successes. A simple chart as shown below, serves

John Jameson.							*Sept. 1st. to Sept. 22nd., '27*
DRY NIGHTS							
Mon.	★						
Tues.	★						
Wed.							
Thurs.							
Fri.							
Sat.	★						
Sun.							

a useful purpose, not only for keeping a record, but as tangible evidence of the child's success. This device was used with success in the following case:

Paul, six years old, gave no trouble until the age of three, when he was very ill with pneumonia. Following this illness he would soil himself and wet his clothes and his bed. This condition persisted for two years, but for the past year and a half he had been troubled with enuresis only at night. This occurred about five nights out of seven. His mother said she spanked him, rubbed his nose in the urine, deprived him of things, refused to give him clean pajamas over long periods of time, trying to impress him with the idea that he must learn not to wet his bed.

The child was generous, friendly, liked other people, and played with other children, but was inclined to be obstinate and could not be driven but was easily persuaded. He had no particular fears and enjoyed playing outdoors with other children; but, on the other hand, he spent much of his time with his little sister playing dolls.

The fact that the patient had been treated at numerous clinics led the mother to believe that the case was hopeless. She claimed to have carried out all the directions given her by the physicians, but in spite of this the enuresis continued.

The boy, as seen at the clinic, was attractive and bright, interested in his environment, and anxious to demonstrate his ability in printing and drawing. He discussed his problem openly and frankly, without any apparent embarrassment, and expressed a willingness

to coöperate. Physical examination and laboratory tests on urine were both negative.

The routine treatment for enuresis was outlined as follows: The child's diet was to be simple, free from spices and sweets, with only a moderate amount of meat; his evening meal to be served at five o'clock, after which he should have no fluids. He was to go to bed at seven, and to be taken up, thoroughly awakened, and sent to the toilet at eight-thirty, again at ten, and then permitted to sleep until morning, when he should be awakened at six o'clock. Stress was laid on the fact that the child must be thoroughly awakened and made to realize why he was being aroused at that hour, and the mother was warned to be sure that the child voided when he was taken up. A chart was then brought forth and given to the child and it was carefully explained how the record should be kept.

The child responded to his part of the program with much enthusiasm, but the mother showed considerable skepticism about the routine outlined for the patient. He was returned to the clinic one week later, and at that time it was apparent that she had not carried out the directions, in spite of her statements to the contrary. She had instituted her own treatment with Doane's Kidney Pills. She was, however, prevailed upon to follow the routine outlined for a month and requested to visit the clinic every week. At the end of the first month the mother said that she was much pleased with the change in the boy and thought the chart had brought it about. She was anxious that the younger child, of two and a half years, should be ad-

mitted to the clinic as a patient for the same trouble. In another month she said the bed-wetting had completely stopped and she was relieved of a great burden.

The only comment that need be made on this case is in reference to the tactfulness that is necessary in getting coöperation from the parents and in making them feel that, although they have tried various remedies at different times, perhaps they have never put any plan into operation which took into consideration all the aspects of the individual case. Enuresis in this instance was uncomplicated by any other nervous symptoms or undesirable habits, and the enthusiasm that the child showed in keeping the chart was, in itself, favorable from a prognostic point of view.

In our efforts not to create an unpleasant and lasting emotional reaction toward the habit of wetting, there is a danger of being too casual about it, and in this way of making the child feel that he has no responsibility toward overcoming the habit. The child is apt to get this idea when he hears his mother tell other members of the family that John has inherited his trouble, that he has weak kidneys and nothing can be done about it. "In time he will outgrow it, just as I did, but for the present we must make it easy for him, poor boy." One mother carried her solicitude to the extent of changing her boy's bed when he was presumably asleep and hoping he would think the next morning that he had been dry all night.

With many children there is a danger of taking away the responsibility from the child in quite a dif-

ferent way, that is, by making him feel that so many people are already concerned about this problem of wetting that there is little for him to contribute. Certainly mother and father are doing all they can, and from what he hears they think of little else. The nurse has it ever on her mind, and, under the doctor's orders, she is planning all the time to institute helpful measures. The foot of the bed is raised, fluids restricted, food carefully selected and he is awakened at all hours to go to the toilet. Just as has been suggested, these and other ingenious devices are tried out, but without much effect. The important aspect of the treatment has been neglected. The child has not grasped the idea that the wetting is his own problem and responsibility and that the parents, nurse, and doctors cannot do more than help him, after he has made up his mind to overcome the habit.

Bruce was a well developed specimen of an American boy, eight years old, belonging to a well-balanced, sturdy family of New England stock, who were most comfortably situated financially and socially. This boy had been troubled with wetting the bed at night and during his naps (which had been discontinued two years before) through all his life except during brief intervals varying from a few days to three weeks.

He had been treated by a reputable physician, who, having failed to find any physical cause for the child's difficulty, began to utilize every conceivable method that is ordinarily used for these habit cases. In spite of special nurse, charts, urinals mechanically applied, medicine, washing out the bladder, rewards, and pun-

ishments, the boy continued to wet the bed practically every night. Every conceivable device had been tried, first alone and later in combination; and there seemed to be nothing to suggest for treatment that had not already failed, except absolutely ignoring the problem. The boy was seen on two occasions without the bed-wetting being even mentioned. He talked of his school work and companions, his interest in games and books, he told of stories he had read, of things he had seen, he discussed details of his everyday life, touched on his hopes and ambitions and how he expected to attain them. Everything that one could think of that might interest a boy of his age was taken up as a matter of conversation, except the bed-wetting. In the meantime all the therapeutic measures were discarded without comment. During the third visit the boy finally broke out with the remark, "I thought you were going to cure me of wetting the bed, and you haven't said a thing about it." The doctor replied in a rather casual and indifferent way as follows, "Why I had almost forgotten that, but now you speak of it, I remember your mother mentioning it to me. But of course that is your job. Any boy who stands as well in his class as you do, who plays baseball, and football, and rides a horse like a man, and who has so many friends and gets on so well with people, can get over a simple habit of wetting the bed, just as soon as he makes up his mind that it is worth the effort. And medicine, charts, and doctors can't do it for you." Nothing more was said, and our conversation about the best way to throw a particular curve with a baseball continued. The

boy was told to return in a week, and his first remark was, "I haven't wet the bed since I was in here the last time." And except for an occasional accident, he continued to be dry. In this particular case the only possible course was to do absolutely nothing but put the responsibility upon the child, and it worked perfectly.

In what might be termed "a therapeutic talk with a child," it is important to present clearly and concisely all the motives possible for getting over the habit, and at the same time to make him feel through suggestion that the task is well within his power of accomplishment. Impress upon him by repetition that you have every confidence that he will succeed. This type of suggestion can often be best given by some one outside the family, particularly by the physician in whom he has confidence. Do not set a mark for the child to strive for that means perfection at first. Let him have the opportunity of exceeding what you expect of him; for example, if he is wetting the bed every night, let him understand that you feel that three dry nights will be considered success for the first week. Then if he attains three or four successes he will start out the second week with real enthusiasm and not as one defeated in his first efforts.

Another type of suggestion, which the mother can administer and which is extremely helpful as a therapeutic measure, is the practice of sitting down by the bedside just after the patient has retired for the night and having him repeat over and over again the phrase, "A dry bed in the morning." Tell him how comfort-

able it is going to be to wake up dry, and how happy he will feel all day at having won the battle at night. This tends to keep the importance of being dry in the child's mind; and probably these associations make the sensations from the bladder register more keenly on the brain, which gives the child a greater awareness of his need to urinate.

Day Wetting

Much of the wetting that occurs during the day in children over three years of age is found in the busy, active, excitable youngster who is so engrossed with the outside world that he is hardly aware of the calls of nature, whether it be to empty his bladder or fill his stomach. Children have not the same voluntary control of the sphincter muscles that the adult possesses, and when they wait to urinate beyond a reasonable period, they are lost, regardless of their good intentions and will power.

In dealing with this particular group of cases something must be done to impress the children with the importance of attending to their physical demands. They must learn by experience that wetting their clothes is not a paying proposition; that it will invariably work out to their own disadvantage. Inasmuch as these children are so concerned with the outside world, there is no more effective punishment than isolation. Being kept by themselves after an accident, not in bed, but as rest without companionship, works wonders in a short time with this group. If the child is prone to look upon this isolation with

resentment, it can always be carried out on a medical basis, the child being told, perfectly truthfully, that much of his trouble is due to excitement and excessive fatigue and that he needs absolute rest. This takes away any feeling of injustice that he may entertain about being cut off from companionship, and the experience moreover serves as a motive for greater effort in developing the dry habit.

A few children wet their clothes with what parents consider "malice aforethought." They will wait until they have been changed and cleaned up and then deliberately urinate. Each one of these cases is a study in itself. The routine measures for the ordinary habit cases and the punishment by isolation have no value with these children. Invariably we find by investigating the situation with care that the conduct of the child comes as the result of some well-defined conflict, which is operating just below the level of consciousness.

Mary, aged five years, with an excellent family background and without any evidence of neurotic instability, who was easily trained at the age of two, suddenly, to the utter dismay and alarm of her parents, began wetting and soiling her clothes during the day. A study of the case revealed almost at once that this conduct was probably in response to her jealousy of her little brother, aged fifteen months. This presumption was substantiated by the therapeutic measures, which consisted in explaining to the parents that Mary had been somewhat neglected since the arrival of the new baby and in giving Mary some very definite re-

sponsibilities for his care. Within a week the problem ceased to exist.

Each one of these cases needs to be carefully studied, if possible by some one particularly interested in the mental life of the child. But if such a person is not available, do not feel that there is nothing to be done, for often in a study of the situation as a whole—that is of the child, his environment, and the people with whom he comes in contact—some very obvious cause will reveal itself and the parents will be surprised that it had not occurred to them before. Often we see only the outstanding problem which inconveniences, annoys, or worries us, and we overlook entirely the situation that produces it.

It would be hardly fair to close this subject without saying that occasionally we find the habit of enuresis failing to respond to any of the simple methods suggested, and that in spite of intensive study and treatment the habit occasionally persists. This may be due to an inherent weakness of the urinary system which we have no way of measuring at the present time. It may be that this habit serves some very useful purpose in the scheme of things in the life of the particular individual; or it may be that the person treating the case has failed to determine accurately the cause and, therefore, cannot successfully apply the necessary therapeutic measures.

Soiling and Other Habits Pertaining to Elimination

The habits of soiling with bowel contents, which are much less frequent than those of wetting, are treated in

much the same way. Usually, however, the undesirable habits that have to do with defecation are not easily corrected. They are extremely complex and seem to be more deeply intrenched. Consequently, no generalizations can be given as to how to cope with the problem as a whole. The services of a capable psychiatrist should be sought in dealing with children who have this habit.

We find children who, during a negativistic stage, will absolutely refuse to allow their bowels to empty until nature intervenes, which usually occurs at a most inopportune time. Then there is the child who voluntarily defecates with utter disregard to the time or place—it may be in the public street, in the home, in bed, or perhaps just after being taken to the toilet and thoroughly outfitted with clean clothes. Many of these children get great delight in smearing feces as did one little girl, seven years old, who reacted to a jealousy situation by smearing not only the walls of her room, and clean linen, but also her food and dishes.

The mechanism actuating this type of conduct can only be elicited after a long and careful study of the child, his environment, and the personalities with whom he has to live. You may be sure that this type of conduct means something very definite in the life of the child. It is not just "cussedness." Somewhere there is a reason for it.

Such cases fortunately are not found with sufficient frequency to warrant entering here into detailed discussion of what might be the motive for such reactions. One can only say that these cases call for a careful

psychiatric examination by the best qualified person available. And it will often test all his skill and ingenuity to understand the mental processes at work that result in such conduct.

CHAPTER VII

THUMB-SUCKING AND NAIL-BITING

Thumb-Sucking

HOW fortunate it would be for the general run of children if part of the concern and anxiety that parents manifest over thumb-sucking, nail-biting, sniffling, and similar habits could be directed toward some of the more fundamental aspects of the child's mental life. Often parents who have such intense emotional reactions over the habit of thumb-sucking that it becomes an all-absorbing worry, are quite unconcerned about the thoughts and feelings of their children. Their anxiety never leads them to wonder if the child is happy, or if his hopes and ambitions are being thwarted or gratified. They would feel that it was quite beside the point to take time to ascertain just how he was adapting himself to the other children, or why he was so shy and diffident. Yet, it is not surprising that it is this phase of the child's conduct that —thumb-sucking and nail-biting—annoys and inconveniences parents and attracts attention and induces worry, while much that is of real importance to the future mental welfare of the child passes by unnoticed.

Frankly, we as parents feel that it is what the child says and does that casts reflection upon his training. We are prone to believe, therefore, that such a habit as

thumb-sucking is visible and tangible evidence of parental failure. It is an undesirable habit in the child, which not only we, the parents, are aware of, but which will also attract unfavorable attention from others. It is therefore deemed worthy of consideration.

Sucking is one of the most common habits that children develop. It is brought about by a well organized system of muscular movements, which serves a most useful purpose in the early life of the child, and is a natural instinctive reaction. The only difference between the child's sucking his mother's breast and its own fingers or toes is that the first act is both pleasurable and useful, while the latter, though pleasurable, not only serves no useful purpose but at times may do harm by malforming the jaw. All of these sucking, biting, and picking habits may be looked upon as organic, pleasurable sensations; that is, sensations aroused by stimulating various parts of the body from which the individual gets varying degrees of satisfaction. It depends upon the intensity of this pleasure how tenaciously the child will cling to his undesirable habit. Children vary greatly, as do adults, in respect to the reluctance with which they relinquish their hold on pleasure.

Thumb-sucking, or sucking of any other part of the body, may begin at birth. It may last a few days or weeks, or it may continue persistently up to five and six years. After the seventh year such habits are comparatively infrequent. In our efforts to overcome these undesirable habits—and we must remember that they are undesirable very largely because they are "not

done," because they are unpleasant to look at and are comparable to bad manners—the first and by far the most important step is for the parent to get a rational point of view toward the habit. As has been said, parents, and mothers in particular, are prone to be very sensitive about these habits. They take the problem in a very personal way, and the resulting emotional turmoil is not infrequently the very thing that defeats the purpose for which they are working. To many children it is a source of satisfaction to know of some simple way to agitate the parent; and the agitated parent is always handicapped in dealing with the child.

This emotional reaction of parents toward these habits has always existed, but during the past few years it has become much exaggerated among that group of parents which has been trying to follow the modern trends in child training. This is due to the fact that one well-recognized school of psychotherapy attaches much importance to these habits, and asserts dogmatically that they have grave significance of a sex nature. Many times one is asked if thumb-sucking will not lead to some terrible sex perversion, or if it is not evidence of moral depravation. All one can say at the present time is that if thumb-sucking is evidence of sexual strivings, so is scratching the head and picking the nose; and to accept this doctrine one would have to assume quite a different conception of sexual activity from that which is held by most intelligent people at the present time.

These habits are so universally found in children that they may well be called practices instead of habits.

They are usually temporary and not firmly imbedded in the personality make-up of the individual. Rarely do they leave behind psychic scars. We must remember, however, that if they are not discarded but are carried over from the age when they are ordinarily found, they do bear witness to the fact that the child is not growing up. They are symptoms of an immaturity which may be either intellectual or emotional. Long before we can appeal to the reason of the child or give him an adequate explanation of the reasons why these habits are not desirable, we can introduce simple methods which often prove efficacious in eradicating them.

When sucking habits are first observed, partial, temporary restraint can be utilized to good advantage. If it is a question of thumb-sucking, an ordinary wide, starched cuff bound securely around the elbow joint and held in place by adhesive plaster or a narrow bandage will prevent the child from flexing the arm and getting the fingers into the mouth. This arrangement gives the child the maximum amount of movement in the shoulder joint, and it need not be at all conspicuous. Whenever possible, such restraint should be utilized with the child's consent and coöperation, not as a punishment, but as a way to help him to overcome the habit. A few days of such treatment often eradicates the habit completely.

Another simple and old-fashioned remedy is that of painting the offending member with some unpleasant medication. The child should understand that this is done simply as a reminder that he is about to indulge

in a habit which he is anxious to overcome. If the wish has been created in the child to overcome the habit, which is undesirable and carried on quite unconsciously, satisfactory results may be expected. The ordinary finger-cot taken from an old glove may serve the same purpose.

There is, however, a certain group of neurotic children in whom the habit is one isolated symptom of the entire picture; that is, the child sleeps poorly, is a finicky eater, cries much, and has tempers or other evidences of an unstable nervous system. Under such conditions, restraint of any kind is always contraindicated, as it produces physical resistance, and the mental rebellion on the part of the child increases the general nervous instability. This should outweigh every other consideration.

In the following case, the child was brought to the habit clinic because her mother had been unable to break her of the habit of sucking her fingers; but this habit is secondary in importance to the child's stubborn and negativistic attitude toward life. It is of interest to note in this case, where there seems at times to be an almost complete disintegration of the child's personality, that she finds her only consolation in sucking her fingers. Obviously this symptom is overshadowed by the fundamental problems with which we have to deal. Nevertheless, it was this one isolated problem that brought the mother to the clinic.

Grace, aged two years and eight months, spends much time sucking her fingers, especially when moody. She puts two fingers in her mouth and is contented to

sit quietly and suck them. If put to bed for punishment, she is quite happy if she can suck her fingers. She is an active child, interested in out-door activities. She enjoys being with other children in spite of the fact that it is difficult for her to get along with them. Only on unusual occasions does she have an opportunity to play with children other than her younger sister. She is domineering and always wants to be the boss; she is considered a fighter and is rough and pugnacious toward smaller children. She whines constantly, is extremely irritable and impatient, and it is frequently difficult to determine just what she wants. She meets an unpleasant situation by developing a violent temper tantrum. She will lie on the floor, kick, and yell; and after getting the object for which she has tenaciously fought will immediately throw it away. She is very destructive.

Recently she has been afraid of the dark. This fear developed after the following incident. While her father was playing with her, she ran into a dark closet, and the father stood outside the door making a noise like a cat. She seemed to enjoy it at the time and asked him to continue. Since this incident, however, she has refused to go to bed unless the door is left open. In spite of an apparent lack of affection, she is very demanding about attention from her mother and wants to be constantly by her side. She rarely shows any affection toward either parent and only utilizes kisses to get out of a situation that is likely to bring punishment. She is rough with animals but not cruel. Toward the baby in the household she is ordinarily

kind and generous, but at times is rough, pushing and slapping her.

The mother admits that she does not spend much time or affection on the child, stating, "I am not naturally affectionate and my husband is more interested in the children." The mother is of good intelligence and appears interested in the child; but one feels that this interest is rather superficial and that one of her fundamental characteristics is to take the path of least resistance. For example, she meets the finger-sucking by giving the child a bottle.

The outstanding features in this case are the unaffectionate attitude of the mother toward the children and the indifference the child shows for the parents. The child's negativistic attitude toward life stands out very prominently. She is always on the opposite side. This attitude frequently represents an effort on the part of a child to attract attention and keep himself in the limelight and perhaps hear himself discussed, for invariably negativistic children are pointed out by the parents as "simply impossible youngsters."

It seems wise when this negativistic attitude is first recognized to minimize it as far as possible, to see that the child gains nothing by such reactions, but, rather, that it works out to his loss, and above all, never to discuss, in the presence of the child, his apparent peculiarity.

This case brings out the importance of allowing children to associate with others of their own age. One of the most fundamental and important instinctive forces is that which is commonly termed the herd in-

stinct. Very early in life the child is capable of benefiting greatly by associations with others. He has an opportunity of seeing his own acts mirrored in the reactions of those of his own age and is able to get a better understanding and develop a more sympathetic attitude toward others by virtue of this understanding. So it is not surprising to find the child who has been confined to his own household nine or ten months a year, making contacts with only those in the family, experiencing great difficulty in understanding, and getting along with others when the opportunity arises.

Although not yet three years of age, *Grace* is rapidly developing into a cold, calculating, unaffectionate individual who utilizes pretension of affection toward others entirely to gain her own ends. This attitude, of course, but reflects that of the parents toward the child; and it is not surprising that she utilizes such asocial reactions as temper tantrums and negativism to keep from being obliterated entirely from the family horizon.

The treatment in this case is primarily dealing with the mother. She has shown more interest than was expected and, since she has intelligence above the average, the situation seems hopeful. The treatment of such a case must continue over a period of several months. Much improvement may be expected when this child enters the nursery school and makes daily contacts with other children. Much has already been accomplished by presenting to the mother a program to be followed and by changing in some degree her attitude toward the child.

Although it is never wise to coax and bribe a child to give up any habit, as he soon interprets such methods as evidence of weakness on the part of the parent and begins to capitalize the anxiety that the parent shows, we are always justified in appealing to the child in a way that is frank and honest. We must have a rather definite idea of what means most to him, if we are going to make an intelligent appeal. Children are concerned with growing-up, being manly, winning their parents' approval, and it is to such strivings that our appeal should be made. It should never be accompanied by statements made with the idea of instilling fear; that is, fear that has no basis. Such methods have only an emotional value, and invariably do harm to the child.

There is also a group of children who resort to sucking habits only as a dispenser of comfort in time of trouble. The habit of sucking, whether it is the thumb, the arm, or a blanket, is often closely associated with punishments, disappointments, scoldings, and occasionally with illness—in brief, when the child is out of harmony with the rest of the world. Here again the problem is not a fundamental one. It is only a symptom of a mental state which needs to be studied carefully. These problems will be considered in other chapters.

Nail-Biting

Nail-biting may be treated by many of the same measures that are used for thumb-sucking. Bitter applications to the fingers, however, are of less value, and

restraint is invariably more harmful, because nail-biting is more apt to be found as part of the picture in the neurotic child than is thumb-sucking. Many of the thumb-suckers are calm, placid, unemotional children, while the nail-biters are apt to be the hyperactive, quick, fidgety, energetic individuals with whom everything seems to register on the nervous system in an exaggerated manner. Under such conditions, the first problem is to treat the general condition. All physical defects should be corrected, and the problems of sleeping, eating, and elimination investigated. Exercise out of doors with the companionship of other children, and having the parent see the problem as one of the child and not of the fingernails, will do much to overcome the habit.

The following case illustrates this type of problem:

Rose, three years and nine months, had the habit of biting her nails. It was found that the child slept poorly, tossing about and crying out, and that during the day she was very restless and had difficulty in concentrating. She was "never still a minute"; and she was destructive with her toys and books after the first newness had worn off. With strangers she was extremely shy, and when sent to the kindergarten she did not enter into the activities of the other children but seemed to be dreaming, and she did things in her own way. Physical examination indicated that the tonsils and adenoids should be removed at once. Following the operation the child showed immediate improvement. She felt better, looked better, and acted better. Her sleeping improved and she began to play

more with the other children and to be less bashful. The nail-biting, an important part of the child's condition, which may have been only a sympton of fatigue brought about by inadequate sleep or an imitative act learned from an older sister, who had the same habit, responded to treatment at once. A small manicure set for cleaning the nails was purchased by the mother at the clinic, and the child's interest was aroused in overcoming the habit; but the important part of the treatment of this child was the improvement of her physical condition, which resulted in restoring good habits of eating and sleeping.

In non-neurotic children, with whom biting seems to be only an isolated habit, the best results are obtained by appealing to the pride of the child. If the parents will take time to manicure the child's nails properly and to arouse an enthusiastic interest in keeping them clean and white and well trimmed, with the mother as an example, an appeal has been made on a high plane, in which the child can take an interest and can see tangible evidence of success.

Before this chapter is closed, parents should be warned not to give these undesirable habits too much attention. By that, one does not mean that they should be ignored, but that the child should be led away from them gradually. Most people, at some time or other, have had one or more of these habits. Through intelligent guiding, with not too much directing, the habits have disappeared. If the importance of the habit is exaggerated, it only serves to keep the eyes of the entire household upon the child. He becomes a

much discussed individual, who is looked upon as being different. With this comes at first an unconscious sense of satisfaction. The child, however, soon learns to capitalize this interest in him. The constant "don't" is the best way to keep the child's attention on the habit and the easiest way to build up a resistance.

It takes skill and ingenuity and a great deal of common sense to devise ways and means of attacking these problems indirectly; that is, of diverting the child's activity into other channels without letting him appreciate just what is being done. If the other outlets are wisely selected, if they interest the child, it will soon be found that the new interests supplant the old, and that the undesirable habit no longer exists.

CHAPTER VIII

OBEDIENCE AND DISCIPLINE

OBEDIENCE implies submission to the control of others, and the "others" to whom we refer in speaking of child training are parents or those who are in authority. It is not instinctive, like hunger. It is something to be acquired by experience and training. There are, however, certain innate tendencies, such as imitation, love of approbation, and plasticity that can be utilized in developing habits leading to obedience.

Obedience should not be looked upon as an end in itself. Mere submission to parental authority may prove to be an attitude harmful to the child in later life. It may soon deteriorate into mere compliance or a willingness to conform to the wishes and desires of any one who has a strong will. Obedience is a means to an end, and that end is self-control and restraint.

This means not only conformity to social laws and customs as well as family rules and regulations, but also obedience to principles and standards, which go to make up the moral fabric of personality.

Obedience in itself cannot be taken as a criterion of character, and the ease with which it is developed in the child is not an indication of his ability to make a satisfactory social adjustment later in life. The plasticity of a child's mind is the greatest factor to be

reckoned with in the development of this particular trait. "Plasticity," says William James, "means the possession of a structure weak enough to yield and strong enough not to yield all at once . . . the phenomena of habits in human beings are due to plasticity." [1]

The parental attitude that demands obedience at all costs leads to the use of such drastic and unfair measures that, in gratifying their desire for power and authority, the parents may lose all those finer feelings that should exist in the parent-child relationship. How often mothers say, "I can't do a thing with him, but it takes just one look from his father." This tells the story of a child whose sole motive for desirable conduct is fear. He has not been taught how much pleasure and satisfaction can be derived from honest effort, coöperation, and team play. He is indifferent to approbation. Uninfluenced by either praise or blame, he directs his course, or rather has it directed for him, toward a future filled with difficult social situations.

Disobedience may be looked upon as a form of self-assertion that is misplaced. It may be brought about by physical illness, when the child's sense of well-being is at low ebb. Forceful and uncompromising measures on the part of the parents that tend to push rather than to lead the child are common causes of stubbornness, which is often construed as disobedience. Doubts, indecisions, jealousy, and fear all tend to disturb the

[1] William James, *Principles of Psychology*, Vol. I. (Holt & Co.), p. 105.

emotional balance of the child and lead to conflicts with the environment that appear as disobedience.

The negativistic phase of the child's life is recognized as being a normal reaction occurring in the process of growing up. It is the period when the child begins to assert his own personality, when he resents domination by others. This is a natural and healthy reaction and should not be met by forceful methods. Let the child learn by experience that his way of doing things works out to his disadvantage. Make as few demands upon him as possible. A little wholesome neglect, giving him time to work out his own plans, helps a lot. Usually this negativistic stage is short, a few months at the most; and then the child resumes his former attitude toward the family.

Obedience is something like respect. Any one can put in a claim for it; but only a leader can get it and keep it. If the child has confidence in the person demanding obedience, and if he desires his approbation, he will not find it hard to postpone the pleasures of the moment for the more permanent satisfactions that follow obedience. On the other hand, if experience has taught the child that the parent is neither wise nor just; that disapproval is often the reward of honest effort; that he is a victim of the parents' moods and whims, it is not surprising that he accepts the pleasures of the moment and lets the future take care of itself.

Obedience comes from discipline; and discipline can come only from leadership and confidence in the one who is leading. The natural inclinations and tendencies with which the child is endowed do not take into

account the advantage to the parents of having children who are obedient, polite, honest, and ambitious. All these desirable traits are to a large extent dependent upon the environmental forces with which the child comes in contact. He will learn the value of obedience by experience and not by any process of moralization. Conformity to rules and parental demands is to him only an expedient. If it works out to his advantage to obey and to his disadvantage to disobey, he will soon learn to acquire habits of obedience as one of the methods that he can utilize in gaining pleasure and satisfaction. On the other hand, should he learn by this same experience that through disobedience he gets everything he would naturally obtain by obedience, and then some other things besides, as a sort of bonus, it is perfectly obvious that the habits of thinking and acting that lead to disobedience will not be given up without a good deal of reluctance. Moralizing with a nonconforming child does little or no good. The child invariably looks upon it as evidence of weakness, and if any impression is made at all, it will be a feeling of derision.

Parents must take time to evaluate the importance of the innumerable things for which they are demanding obedience and to bear in mind that they are attempting the impossible in their efforts to attain obedience in all the various spheres of the child's activity. We must appreciate the fact, as parents, that what is frequently interpreted as disobedience from our adult standards has none of the elements of disobedience so far as the child is concerned. If standards are set too

high by the parents, failure is inevitable. Nothing is more fatal to the initiative and enthusiasm of the child than constant failure.

Whether children are obedient or disobedient depends to a great extent upon the standards and requirements of the environment and the attitude of those in authority. If the ideal of conduct is too high and the goal of attainment too far distant, effort may appear futile. The method used in attempting to gain obedience is frequently the cause of failure to accomplish the desired result.

Often there is such an apparent lack of interest on the part of the adults in the task expected of the child that he may well feel it is not worth the effort. While Tommy is deeply engrossed in play with his toys, or in a new book, the carelessly shouted orders of his mother, busy with her dishwashing, may pass unheeded. Such commands have become so familiar that he has developed the same negative adaptation to them as the stenographer develops towards the hammering of typewriters in a busy office. He may have heard the command and appreciated what was wanted, but experience has taught him that a command ignored by him is one forgotten by his mother—so, why should he worry?

There may, however, be some doubt in his mind of what to expect. On one day mother allows her unheeded request to drop unnoticed, while on the next she may take time from her work to administer swift and sure punishment. Inconsistency in discipline keeps the child in an upset state of mind, and soon his

response to any request comes to depend upon his interest in his immediate occupation and his willingness to take a chance.

When the parents have conflicting ideas about the way to train the child, an uncertainty in discipline results, which the child is quick to take advantage of, as the following case illustrates.

Lucile, at two and a half years, is entirely beyond her mother's control. She is the first child of a young couple who cannot come to any agreement about the child's training. The mother wishes to follow a constructive plan, but the father follows his whims. He plays and fools with the child and upsets all the mother's attempts at discipline. Little effort is made at control by either parent, and whatever one does the other disagrees with. The child rides roughshod over both. She is an active, vigorous, affectionate child. As a baby she used to cry for hours and had to be walked during the nights. Having always received a great deal of attention, she demands it from everybody. All day she climbs and pulls things about in the house. Her parents have gotten her toys to keep her contented; but among a pile of toys on the floor there were none small enough for her to do things with by herself.

The father is easy-going and thinks the mother is too much concerned about the child's overactivity, which he considers normal. Here is a typical example of the inconsistency of the father's attitude toward discipline. While he was carrying the little girl upon his shoulder, she saw a box of raisins upon the pantry shelf, which she demanded. He refused to give it to her and put

her down. She managed to climb from a stool to a chair and then to the shelf where she could reach the raisins. Her father watched her, laughing until she came down with the box of raisins, when he took it away from her. She threw herself on the floor and screamed with rage. Whereupon her father gave her a handful of raisins, which she at once threw at him. The child is bright and quick to learn; but she has little opportunity at home to learn useful habits.

It may be that *Tommy* is capitalizing his disobedience. So often, he has heard mother say after coaxing and pleading a while, "Now if you eat your dinner like a nice boy you may have some candy," or "If you stop making so much noise you may have a penny." If Tommy has learned that such offers follow a lack of response to the first request, it is only natural that he should wait for them before complying. By holding out, his material gain may be greater, and also he may be able to obtain far more attention and interest in this way than by obeying at once. It is something to be distinguished, if only as the "despair" of the family.

In the case that follows, two very small boys, who had gained this distinction, were found to be thoroughly enjoying their supremacy.

John, was an attractive, sturdy little boy of five, full of mischief, with a twinkle in his eye. He was an affectionate and lovable child "when behaving himself." At other times he was sullen, defiant, and impudent and would stop at no mischief that would gain him attention. He was ingenious in inventing mischievous tricks to annoy others. A younger brother,

of three and a half years, followed him closely in all his misdeeds. The mother said she came to the clinic because the children were completely beyond her control. She was very much ashamed of her inability to cope with them, and mortified by their behavior when strangers came to the house. When a social worker from the clinic called, the youngsters, laughing and calling out impudently, threw big lumps of snow into the room, and upset a clothes basket, strewing the clothes over the hall, while their mother tried helplessly to restrain them. She was an intelligent woman, who had tried conscientiously to bring up her children carefully. The father was a home-loving man, who supported his wife in her attempts to discipline the children. He was not resourceful, however, and his only method was to resort to the strap when the children's behavior became unbearable. The cottage in which the family lived was shared by the grandparents and two uncles. The old people attempted to dominate the mother in the management of the children; while they alternately petted and punished them. The uncles were also inconsistent in the way they treated the children, laughing at them and urging them on to be wild and boisterous, and then losing patience with them and criticising their mother for not controlling them.

The trouble with John began after an attack of infantile paralysis, when he was the object of special solicitude from all the members of the family for about a year. He learned that they would give in to him rather than make a scene. When everything went his way and he was the center of attention, he got along all

right; but when crossed or ignored he would resort to tantrums or mischief to get the attention he demanded. He had gradually become so tyrannical that he completely ruled the home situation. The difficulty with Thomas was due almost entirely to imitation of John's methods and a desire to have a share in the fun. It was pointed out to the parents that the reaction of the children, although resulting in misbehavior, were those of a normal active child, but that they must be taught to inhibit these natural instincts to conform to the environment in which they were living. They must learn by experience that misconduct would be met consistently by disapproval and punishment.

Threats of action by policemen, bogy men, and doctors are most unfortunate methods to use in maintaining discipline. Either they cause hampering fear and timidity, or else at an early age the child comes to realize that they are idle and meaningless and turns them to his immediate advantage. Tommy may learn to play up a fear of doctors, for instance, and so, by an outburst of yelling and kicking, he may intimidate mother and thus avoid having his teeth cared for or his eyes examined.

The importance of honesty in handling children cannot be overemphasized. If the early trust and confidence that they have in their parents is carelessly broken down, the props are knocked from under their world; for, if what father and mother say is not true, what may be believed? Many times such loss of confidence has a direct bearing on whether or not obedience is obtained. Some parents will deliberately

deceive their children in an attempt to gain obedience, or in the hope of making an unpleasant task or duty less painful in anticipation.

One small lad, though he had considerable fear of pain under the dentist's hands, went through the first session manfully, shedding only a tear or two. He dreaded the second visit, however, and continually fretted about it. In order to calm him, his mother assured him that "this time he will not hurt you at all." Up to this point the mother had always been right, so he believed her. The shock was a severe one when it happened that he was hurt more than on the previous visit. His implicit confidence was shattered and he became timid and fearful in new situations and showed an evident lack of trust in the statements made to him. This was clearly shown on another occasion at the dentist's several months later. There had been some question of extracting one tooth, but his mother definitely promised him that it should not be done on this particular day and that he need have no fear. If it proved necessary, arrangements would be made later to have it done under ether. He understood this clearly, yet when actually in the dentist's chair he became panic-stricken and could not be pacified. All reassuring statements were met with, "You told me before that it wouldn't hurt, and it did. I want to go home. He shan't touch my teeth." It will be a long time, if ever, before this child regains his confidence.

In dealing with children it is necessary to find out their reasons and motives. Many times what seems like flagrant disregard for the parents' requests is to

the child only an earnest desire to help mother or father. The little girl of four who had been told time and again not to play with water, when found in the kitchen dripping wet, having spilled water all over herself, was punished for her disobedience. Later, it was learned that what she had done was to climb up on the sink to get a basin of water and a cloth with which to wash the finger marks off the doorway as she had seen mother do. She slipped, the water was spilled, punishment followed, and to her it must have looked as if she were punished for trying to help.

Another little boy had learned that he must never pull up the plants in the garden. He watched his father at work getting out the little weeds in the flower bed and a few days later, in an attempt to be helpful, he pulled up all the new growth of carrots and left standing the tall well-developed ragweed.

There are some restrictions placed on children that it is almost a physical impossibility for them to carry out. "Sit still" and "be quiet" are so easy to say, but to a healthy youngster full of life and vigor such commands are fearfully hard to carry out for more than a few minutes at a time. Little children are growing and developing new muscle power all the time, and they must have freedom to run, jump, shout, and play. Nature demands it. It may be that some special part of the house or yard can be set apart as theirs, a place with few dangers or hampering restrictions where they may safely "work off their steam" unchecked by continual nagging.

Fear of punishment, either immediate or remote,

may be utilized as a means of keeping the individual from violating laws and breaking commandments. It has, however, but little constructive value in as much as it fails to stimulate working toward a definite, worthy objective. Fear thwarts, inhibits, and interferes, but does not stimulate and encourage activity in a positive direction. The child is in a position to receive much of his own training unhampered by rules and regulations if the environment is allowed to provide many of the rewards and punishments. It is essential, of course, to protect the child from such penalties as would involve danger to his welfare and those that would be unjust and out of proportion to the misdemeanor.

We have no quarrel with those who claim that corporal punishment is occasionally of value in certain cases during the preschool years. A sharp smack on the hands may serve a very useful purpose in reminding the child that certain acts are forbidden, that they bring disapproval and occasionally pain. We believe, however, that corporal punishment could be entirely eliminated as a disciplinary measure without great loss.

For every child whose conduct is improved through fear of punishment, who is helped and encouraged to build up habits of conformity that are durable and dependable, a score are made sullen, resentful, and rebellious by the same method. The great majority of children are quite indifferent to this type of discipline; for, if corporal punishment is to be effective, it must necessarily be painful, and if it is to be a motive for deterring the erring child from repeating some unde-

sirable act, its severity invariably has to be out of all proportion to what the misdemeanor itself actually calls for. It is usually administered with the idea of serving two purposes—first, to punish the child for what he has already done, and secondly, to deter him from repeating the same act at some future date. In other words, we anticipate that the child is to be subjected to the same temptation another time. This in itself means a certain injustice to the child, as it is hardly fair to punish him for some anticipated misdemeanor. It is not unlike giving a convicted person a sentence of six months for violating some particular law and adding six months more to the sentence as a deterrent, should he be tempted to violate the same law again.

On the other hand, physical punishment of the whacking, slapping type, meted out simply to indicate the parents' annoyance at the undesirable conduct, has no value; for it only makes the child defiant and resentful and fills him often with a desire to "get even" with the one who punished him.

Not infrequently one finds adults with a tremendous resentment toward all authority, which represents a reaction to severe disciplinary measures in early life.

We must keep in mind that in administering punishment we are always meeting the problem by appealing to the child's fear of bodily harm, and as such it has little effect in helping him to direct his activities along social channels and help him to think of life in relation with those with whom he has to live. The child will be happier and more efficient if he learns obedience, even

though very slowly, by planning his life about the demands of the group, whether it be at home, on the playground, or at school.

Not infrequently we find children who have been considered obedient becoming defiant and ignoring all rules and regulations. This often occurs when the child is confronted with a new situation, perhaps on entering school, or when the mother is ill or there is a change of nurses, or at the death of the father. If the child has been properly trained, and fear has not been the predominating motive for desirable conduct, these situations are usually temporary, often lasting but a few days.

Adults are stimulated to their best efforts by the compensations the effort brings. A man may get his reward in power, fame, money, or pleasure in the task. So the child finds incentives for desirable conduct in the rewards this conduct brings. These rewards should have variety. Approbation, although it should not be of such nature that the child learns to expect approval for every act, should be given without too much restraint. Material incentives for good conduct should be given. A few pennies for the bank, a trip to the Zoo, some particular dainty for dessert, are all tangible evidence to the child that behavior which conforms to the rules and regulations of a well adjusted household brings with it satisfaction. Many of the necessaries that parents have to provide, a new pair of shoes, a coat, rubber boots, even a trip to the barber, can be made objectives to be desired and worked for if parents present them attractively.

Rewards of a material sort should always be postponed sufficiently long so that the child shall have to make a real effort over a period of time in order to attain them, for herein lies their value. They provide the necessity of foregoing or giving up some momentary pleasure or satisfaction for something of greater value to be attained later on. In our efforts to educate the child, which must always be accompanied by patience and kindly consideration of the fact that the child's natural impulses are all toward self-satisfaction, we must teach him to understand that the objectives for which we are striving, as parents, are carefully worked out plans for his welfare and not mere whims of adults improvised for the sake of demonstrating adult authority and making him unhappy. If the plans of the parents are explained in gaining obedience, and their methods of administering discipline are well thought out, their requests and commands will not be colored by doubt and indecision, which are so easily discerned by the child.

It is unfortunate that discipline is very likely to be administered at a time when the child's resistance is at its height, that is, immediately following his misdemeanor. Immediately after an act that calls for disciplinary measures, the child is on the defensive. His chief concern is in justifying his own conduct; and, in as much as we are interested in the motives rather than the act itself, it is the most inopportune time to ascertain what these motives are and how they may best be gratified through conduct that is compatible with the parental desires.

It is often difficult to administer punishment consistently. The child learns by experience that the chances are more than even that the threatened punishment will not occur. This is particularly true when children reach the age where part of their time, at least, is spent outside of the home, where their behavior is not being constantly observed and where it may involve other children at the same time. After apprehension, punishment depends upon the state of mind that the parents happen to be in at that particular moment. If the mother has had a fairly satisfactory day without many trials and tribulations, punishment may be very slight, postponed, or foregone entirely. On the other hand, if the parent happens to be irritable or in an unpleasant state of mind, the punishment is sure to be inflicted swiftly and, perhaps, with undue severity. The distribution of approbation and rewards is completely within the control of the parents and not so dependent on their own emotional instability; and, for this reason, they are more likely to be handed out with fairness.

The value of obedience is not found in the ability of the child to respond explicitly to the commands of those who are in authority, but rather in his ability to conform to standards that he has acquired of fair play and good sportsmanship towards his parents, playmates, and teachers.

It is true that long before the child is capable of grasping this rather abstract idea of obedience, he must learn obedience in specific acts; but it is well to keep in mind that this compliance is not an end to

itself. If standards and ideals of obedience become integrated into the child's personality they operate eventually without guidance and authority from outside. Such is true obedience. This attitude cannot be developed through inspiring fear or continually moralizing. It is more than a habit, it is a character trait, and as such has an influence upon all other habits. It is slow in its development, but usually progressive, so that at the age of eight many children have acquired the fundamental principles of obedience with rather definite ideals of conduct, which is of much more value to them than mere submission to authority.

It is well to keep in mind that there are many valuable character traits, such as persistency and curiosity, that operate against obedience as such, and that there is danger of laying too much stress on the value of perfection in obedience. The active, interested, curious, persistent, extroverted type child, who is much less plastic than his shy, reserved, shut-in playmate, may be a more difficult indivdual to train, but he will also be very much more valuable as a citizen after he is trained.

Obedience is often overemphasized by parents, in as much as it gives them a sense of personal satisfaction to be in authority, to be obeyed, and when they fail to obtain obedience, they experience a sense of failure. Therefore, since it is such a personal thing to the parents, they often endow it with too much importance, and in their effort to secure it they eradicate character traits that would be of great value to the child in later life. I do not minimize the value of obedience;

but it is often obtained at a cost out of all proportion to its real value.

If a habit of obedience is to be built up, first of all *study* your child. Know what he thinks and how he reacts.

Give few, well-thought-out commands and see that they are fulfilled. A command worth giving is worth carrying out. Avoid overcorrection and an autocratic manner, for children are as quick to resent domination as adults.

Gain the child's attention, then make the directions clear and simple and, if possible, explain the reason for the request. The child who has learned by experience to expect only reasonable requests will be prepared to act in an emergency when immediate response may be a vital matter.

Gain the child's interest. Show him the value of the desired action. Be interested in his accomplishment and in the outcome.

Make requests positive instead of negative. Use "Do" rather than "Do not." Give a suggestion which will draw the child's interest away from the forbidden act and focus it on something else.

Consider promises carefully before making them. Once made, keep them or explain the reason for failure to do so. Keep faith with the child.

Be consistent. Have one set of rules. Do not allow at one time what is forbidden at another. In this way the child will learn to obey because the request is reasonable and because compliance brings pleasure and approbation, rather than for material reward.

Above all things, expect obedience. Do not let the child feel that you are uncertain as to his response, or that you are sure he will disobey. Every one likes to live up to what is expected of him—particularly the child. He may as easily live up to your pride and confidence in him as to his reputation of being the most undisciplined little scamp in the neighborhood.

CHAPTER IX

ANGER

CHILD training would be a far less difficult task if it were but a matter of nurturing the traits that are generally considered of value to the individual in his efforts to make a satisfactory adjustment to life, and of eradicating the tendencies that are ordinarily thought of as being undesirable and incapacitating. But an integrated personality is not made up entirely of what might be called social tendencies, such as love, sympathy, honesty, unselfishness. Every individual is called upon to experience the cruder emotions, such as anger, hatred, jealousy. The well-adjusted personality, which characterizes a happy and efficient man or woman, is a harmonious blending of these varied emotions and character traits, resulting in self-control and habits of conformity. This type of individual habitually takes into consideration those with whom he comes in contact, either in the home, in the community, or in business. His attitude is such towards his friends, neighbors, and co-workers that he is an asset to society. His relationships are happy and productive of good.

It is, therefore, not so much a problem of eradicating an instinctive tendency, such as anger, but rather, through education, training, and experience, teaching the child to control it, so that it shall not control the

child. This control, if it is to be of real value, must come from within the child and should not be something superimposed from without. Anger that is repressed from day to day because of fear of punishment is only so much emotion pent up and accumulating until it reaches a breaking point. Like some infernal machine, it explodes at a most inopportune time.

Parents must keep in mind the fact that there is as much danger in overdoing the business of child training as in underdoing it, and that there are certain asocial tendencies that manifest themselves from time to time in the process of a child's development, which are in themselves evidences of the child's normality. A spineless sort of lad it would be who never got angry. How dull and apathetic would be the child who never demonstrated he had a will of his own by being disobedient; how peculiar the child whose curiosity did not at some time or other lead to destructiveness! How colorless would be the mental content of the youthful mind that did not elaborate upon its imaginations! One would find that the child without some of the elements of sin in his personality make-up would be as unresponsive to his environment and as devoid of human interest as the jellyfish.

Anger, however, may become a dominating force in the life of any individual. It is such an intense emotion that it is responsible for many of the delinquencies of the child and no small per cent of the serious crimes of later life. It is one of the personality traits that is often nurtured by those who have the greatest love for the child. It is with environmental situations and

parental attitudes, which tend to stimulate this emotion until it reaches a state of chronicity, that we are at the moment concerned.

Anger is frequently stimulated when any of the instinctive tendencies are thwarted or obstructed. How often we see the little child turn in wrath on the blocks that won't stay one upon another, or on the train of cars that won't go. He strives to break and destroy them because he cannot construct or operate them as he wishes. Again we see the child, and the adult, too, showing anger when personal wants are obstructed or pride and self-importance are injured. Fear, when there is no outlet for flight or escape, may arouse anger—as in the animal at bay. It is produced, therefore, by many different causes in the environment in which the individual is living, and it may express itself in many different ways.

Sometimes the child's anger is a natural reaction to fairly obvious situations. In the following case most of the child's bad behavior was in response to provocation from his younger sister.

Richard is seven years old. The parents of these children have been through a trying period since the birth of Richard, the older child, because of illness of the father and constant worry over their consequent poverty. Now that the father is well and the home is reëstablished, they feel that they should have time to enjoy life; but they say they would prefer their former poverty and peace to the constant uproar that Marion, the younger child, causes. As soon as she could walk and talk, she began to pester her brother.

At the age of four, she has developed habits of extreme disobedience and destructiveness. She seldom seems contented unless she is annoying some one and attracting attention. Her attitude toward punishment is one of bitterness and retaliation. She insists upon taking every toy that her brother begins to play with, and when denied what she wants, screams until she gets it.

Richard, when brought to the clinic, was said to be undisciplined and to have an ungovernable temper. He is often cross and impertinent to his mother. When in a rage, his mother says "he is apt to do anything." He pounds his sister and throws any article, even a knife, at her. He has pounded her on the back until she was black and blue. He quarrels with her continually. The lad was found to be a pretty well-balanced little chap with the usual boyish interests and an exuberance of spirits that had not sufficient outlet. Both children lacked outside companionship. The boy has no particular tendency toward anger, but he has spirit enough to resent his sister when she torments him, as she does constantly. As most of his behavior is in response to provocation from his sister, it is probable that, as she improves, he will also improve.

In dealing with conduct in children we must not only be sure that a certain act was actually an expression of anger, but we should also determine, if possible, how the anger was aroused. For example, we may be presented with the problem of a child who, for a couple of weeks, has been breaking window glass. We

find that he was always angry when he broke the glass. The next step is to find out the circumstances and conditions of the environment that produced this emotion of anger. In this particular case, it happened that the anger was the result of jealousy. But it might well have been stimulated by many other feelings, such as resentment at receiving punishment, which the child felt was undeserved, failure in school, or failure at games. This point is of primary importance in dealing with the problems of children when anger colors the picture, for the vital thing is not the anger, which is only a *danger signal* warning us to look further for the deeper cause from which it arises.

The control of anger depends upon the development of *certain inhibitions,* and if the child is to grow into a self-controlled and useful adult, it is essential that these restraining forces shall be established early in life. The important thing for the child to learn is that the natural tendency to react to this emotion by retaliation does not work out to his advantage.

One of the common manifestations of anger in children is the so-called temper tantrum, an uncontrolled outburst of kicking and screaming, which is a dramatic, physical demonstration of the child's resentment. On the other hand, some children when angered become sullen and moody. Of the two attitudes the latter may result in more harm to the child. It frequently leads to brooding and unhealthy phantasies of a revengeful nature, which may cause the child's interests gradually to turn in on himself and his energies to be wasted in unexpressed ideas of fancied wrongs and imaginary

persecutions. He becomes bitter and resentful toward life. A temper tantrum, however, usually results in undesirable conduct for the moment, and then the atmosphere may be cleared until the next occasion for anger arises.

In the following case, from the standpoint of the child's future, his temper tantrums are secondary in importance to his persistent sulkiness.

Edward, at five years, is an active child, eager to learn and to do things. He can dress himself and likes to help his mother. He loves to play out of doors with his older brother and sister, who have always been his only companions. He shows more initiative than the other children, and when he wants things that they have, he grabs them. If he is crossed he has a temper tantrum, throwing himself down, kicking and screaming; and by this means he usually gets what he wants. The mother and grandmother, with whom the children live, have half a dozen quarrels a day over discipline. The grandmother is impatient and harsh. She says in the presence of the little chap that she can't do anything with him and "Isn't he awful?"—a sentiment that he evidently enjoys. The mother, on the other hand, is lenient and inclined to give in to the children. She likes to "baby them" and "hates to see them grow up." When Edward was first taken to the kindergarten, he seemed frightened and reacted by crying and kicking at the teacher. He refused to fall in with the things the other children did. At home he is usually too noisy, but elsewhere he is silent and cross. He scowls and pouts and resists every request and

suggestion. A simple request to "come here a moment," or to "pick up," sometimes causes him to sulk half the morning. At first he resisted being taken to school, and often, after taking him to the door, his mother would find him at home when she got back; but now he will go alone. While there, most of the time he maintains an attitude of pouting and sulking. The teacher's problem is to devise some means of ignoring or isolating him in order to overcome this attitude by convincing him that it does him no good.

In a great majority of children the anger is not out of proportion to the stimulation, being of short duration, and is a normal, healthy reaction. There is something wrong with the child who never becomes angry. There is such a thing as being too docile and placid. However, the child who meets the difficult situations of life with chronic irritability or temper is in grave danger of carrying over these undesirable patterns of conduct to adult life.

Almost invariably, one finds that temper tantrums that are habitual have worked out to the child's advantage either directly or indirectly, for the moment at least. It may be that the child is determined to have his own way or craves attention, no matter how it is gained, or feels that he can obtain a bribe if he holds out long enough. The demonstration the youngster makes of his anger is so spectacular and impressive to those who have denied him his desires, that they surrender and agree to his demands in order to avoid further unpleasant scenes. It is quite amazing to see the acuteness with which a child can choose the

time and place where giving in to him will seem almost a necessity. In this way the child quickly learns that he can control his surroundings. Soon the tantrums, which originally were produced by distressing situations, are utilized to dodge any situation that requires submission to the will of others. The temper is out of all proportion to the demands of the occasion, and the child will as readily stage a violent tantrum if the mother has brought him home a red lollipop when he wanted a green one, as he would if his anger were the result of some real grievance.

One small boy of four cleverly used this method to gain attention from the family whenever he felt slighted or left out. If he was corrected, or if things did not suit him, the response was immediate. First, Johnny would burst into tears, then piercing screams would follow. If this failed to bring results he would cast himself on the floor, kicking and striking whatever came in his way. By this time the family, as a rule, relented, knowing what would follow. If, however, they held out, John was not discouraged. He had a final card to play. The kicking and screaming would stop, he would become rigid and, because he held his breath, he would begin to turn blue about the mouth. That was the end. He had brought them to his feet. Wet cloths were dashed in his face and he was comforted and promised whatever he desired regardless of the inconvenience to others. Having achieved his desires for the moment, he would return to his own affairs. To one who is not familiar with these outbursts this may sound exaggerated, but it is

not. They are truly terrifying and it requires a cool head and strong determination to hold out against a child under such conditions.

These are only a few of the most obvious causes of temper outbursts. It must be remembered that there are more subtle reasons which may not always stand out so clearly. Suppose, for instance, the boy in his play is quietly following out a line of action that he has planned and is eager to finish. At a word from an uninterested grown-up all his plans and efforts must be stopped or be tossed aside whether he can see any reason for this or not. Is it surprising that he should show his resentment in the most emphatic way possible for him?

It may be that these temperamental youngsters are but a reflection of the instability of their parents. Do you lose your temper? Does it make you angry when your child misbehaves? Do you endlessly say, "Stop!", "Don't!", when there is no real need to do so? It is useless to try to gain obedience by shouting at the child, as so many parents do. It only irritates him and makes him more excitable, and, therefore, harder to control. It does not take a child long to learn his parents' limitations and to measure with great accuracy the amount of kicking, screaming, and yelling necessary to bring about the desired end. If the parents are ready to take a firm and united stand, and if they have the courage to admit, if such be the case, that they too may need to learn self-control, then the battle is soon won.

The child who has these explosions of temper is

likely to be naturally emotionally unstable, the type of child who is not capable of withstanding the average amount of stress and strain without undue fatigue. Temper tantrums are only one of the many symptoms of nervous fatigue in childhood. They are often preceded by restless sleep, capricious habits regarding food, faultfinding and complaints of being "picked upon" by playmates and unjustly treated by parents and teachers. This means that the child needs more rest and sleep as well as *more opportunity for play* during his waking hours. He should not be confined to the house and cut off from playmates, a situation which in itself makes him self-centered, cross, and hard to please, and which keeps him in a chronic state of tension, ready to explode at any moment. Neither should he be dragged on shopping trips, to the movies, or to parades where he will be excited and overstimulated.

Temper tantrums must in every instance be considered in relation to the exciting cause and the personality of the child. If they represent an unconscious protest against the thwarting of some fundamental desire, every effort should be made to determine the cause and remove it, or to alter the child's attitude toward it. On the other hand, if they have become habitual, as a crude method of gaining an end, or if they are utilized to attract attention or obtain bribes, then it must be definitely decided that they shall no longer work out to the child's advantage. Once a definite stand is adopted it will not take the child long to see that his former methods of gaining his ends are

no longer tolerated, that he is making no material gain and is losing approbation by his conduct. When once he senses this, the temper tantrums will be discarded. There are no routine measures that can be applied to cope with anger in every child. The problem of temper tantrums in John's case were always associated with physical illness; in Mary, with extreme jealousy of her younger sister; while Henry utilized them knowingly and voluntarily to get his own way and he continued to use them so long as they worked out to his advantage. Another youngster reacts to intense anger with temper tantrums. In each case the symptoms were almost identical, but the causative factors were quite different and the treatment in each case had to be brought about by a series of different adjustments.

Anger is not always expressed by such explosive reactions. There is a group of cases in which the child is so overcome by anger that action is temporarily quite impossible. Common expressions such as, "paralyzed by rage," "so mad I could not speak," convey well the idea. This type of reaction is not common in children, yet it does exist. Frequently the emotion is pent up and repressed from day to day. Then suddenly and without apparent reason, or perhaps for some trivial cause, the explosion takes place, and it is quite beyond those with whom the child comes in daily contact to understand how this hitherto quiet, reserved youngster could have suddenly burst forth as he did.

Many of these periodic and apparently unexplainable outbursts might be avoided if the parents would now

and then stop and "take account of stock." Look into the child's general condition. Are there any evidences of physical fatigue, such as twitching or jerking of the larger muscles or blinking of the eyes? Is he eating and sleeping well, and is his elimination good? What about school and playmates? Is he getting on well? Does he mix with other children, or do they tease him, and if so, why? Does he play with older or younger children? Is he inclined to be a bully? In games, is he a good sport? What are his duties outside of school? Is he being tutored to make a higher grade or to keep him in his present class? Does he have too much to do with music and dancing lessons that keep him from having sufficient outdoor exercise?

Find out what he is thinking about. What are his problems, hopes, and disappointments? If he seems unhappy, find the cause of his discontent. He may be jealous or troubled by some ill-defined fear, or worried by the problem of sex. He may feel inferior to others. Help him to see things clearly and in their true light. Appreciate the fact that the obligations of parenthood mean a great deal more than to see that the child has enough to eat and wear and does not steal, lie, or set fires. The big task is to see that the boy or girl is happy and is learning how to meet problems of everyday life successfully.

The parental attitude may be held responsible for outbursts of temper in a certain group of cases. With some children it is just as much a matter of imitation as learning how to walk. If the parent is given to outbursts of anger in the presence of the child, the

chances are that they will see one of the older children soon giving an exhibition of the same ungovernable temper, often directed toward one of the younger members of the family, toward playmates, and later toward the parents themselves.

The child often has to suffer for the irritability of the parent, for which he is in no way responsible. There is the type of parent whose entire mental attitude toward life is governed by rather trivial annoyances. If the bath water is cold, the razor blade dull, the coffee weak, or the morning paper late, it is often the child that has to bear the brunt of the resulting irritability. Conduct on the part of the child that would ordinarily pass by unnoticed calls forth severe reprimands. Such parents are apt to get the cause of their unpleasant state of mind identified with the child rather than with the janitor or the paper boy. The child may or may not be aware of the source of irritation, but he certainly feels its injustice, which he resents and against which he often rebels openly. Thus a vicious circle has been started which is difficult to interrupt.

It seems hardly necessary to warn parents that discussing the child's temper before relatives and friends in the presence of the child is one way of suggesting how he may attract attention to himself. It is also an acknowledgment on the part of the parent of his power over the family. But so many parents, of average intelligence at least, do this very thing. We hear many mothers from various social levels tell us that the child has such a terrible temper that she "can't do a

thing with him." And we see the child demonstrating then and there sometimes to the satisfaction and sometimes to the dismay of the parent, that what she says is true. It is well to keep in mind that the inherent desire on the part of the child to hold a dominating position in the household is too well marked to permit of exaggeration even within the immediate family. Therefore, the child's conduct should never be food for neighborhood gossip.

Children are thoughtlessly subjected to too much teasing, humiliation, and ridicule by parents. Many parents would not think of treating their servants with the lack of consideration that they show toward their children. These attitudes are carried out in no spirit of unkindness; but a cold, forbidding indifference toward the child by the busy and ofttimes irritated parent is frequently the cause of unhappy moods in children.

Making the child jealous as an incentive to better effort is still practiced in many homes. This may be done by constantly comparing one child to another, which exaggerates tremendously the inadequacies of the one and the superiority of the other. It may be brought about by showing preference or giving praise and rewards, or perhaps by letting a child feel that little or nothing is expected of him. However it may be brought about, you may be sure that making the child feel inadequate is a fruitful source of irritability and temper.

Discipline which is handed out in an erratic manner is always a source of irritation to the child. Irrita-

bility invariably precedes a demonstration of temper. It has been pointed out before that the child should never be in doubt as to what is expected of him—never scolded and punished to-day for something that passed by unnoticed yesterday. In matters of discipline, be firm. Be clear and concise in your instructions. Above everything else, be fair. Whenever it is possible, bear in mind that a reasonable explanation of why a child should do a particular thing will do much to train him along the path of obedience and to protect him from irritability and spells of anger.

CHAPTER X

FEAR

OF all the emotions that man is called upon to experience, fear is one of the most common. It is precipitated by innumerable situations, which vary widely in the lives of different individuals. Its intensity also varies, fluctuating between mere caution on the one hand and terror on the other.

Fear, in some form, is with most of us more or less constantly, from the cradle to the grave. It is one of those forces which may prove to be either constructive or destructive in the development of personality. It may lead to the dissipation of mental energy that should be directed toward useful pursuits; again, it guides and inhibits the individual and protects him from destructive forces.

When fear has become intellectual, it is a most useful socializing force, and has a highly constructive value. Fear of this constructive type often passes by unrecognized, being looked upon as precaution, forethought, thrift, or prudence. Yet all these protective personality traits leading to security are derivatives of the primitive, instinctive reaction that we call fear, modified by experience.

We are apt to speak of the fears of a child as being foolish and unreasonable. This is because we, as adults, are unable to understand how certain experiences of early childhood leave upon the mind impres-

sions that govern our conduct and our general attitude toward life long after the experience itself has been forgotten. Victor Hugo said, in his *Recollections of Childhood,* "A thing once said sinks in the mind; that which has struck the brain often, from time to time, comes back again, and in the breast of simple infancy lives unexplained full many a mystery."

The fears of children are foolish and unreasonable to us simply because of our limitations in understanding the experiences through which the child is passing or has passed. Children have only a few instinctive fears. Most of their fears are caused by some experience after birth. While the more intelligent parents no longer deliberately frighten children, either as a punishment or as a means of attaining desired conduct, yet few parents take the fears expressed by children seriously enough. Often they do not make inquiry into their cause, or make efforts to eradicate them by careful explanation. There is no emotion to which the child is more frequently subjected than that of fear. It can be aroused in such vague and intangible ways, and is so closely associated with other emotions, and plays such an important part in the development of the personality of the child that it needs most careful consideration.

There are two distinct types of fear, the objective and the subjective. The objective fears are the most common, or, at least, they are recognized most frequently by parents. Since it is usually not difficult to determine their origin, these fears can be soon overcome. Fear of animals, soldiers, policemen, doctors,

lightning, firing of guns, and of high places is usually based on some early experience to which much unpleasant emotion has become attached, or on having heard about some episode which aroused an unpleasant emotional reaction at the time. Many children have a fear of anything that is strange or new, but this reaction quickly passes away if the child is allowed time to familiarize himself with the object of his fear. Children should not be forcibly thrust into situations with the idea of helping them to overcome fear.

Fear associated with the real experiences of childhood, which is essential to self-preservation and which governs conduct, making it socially acceptable, is probably indispensable. Yet it is of the utmost importance that such fears should not be overstimulated. Even the constructive type of fear, if too widespread or too intense, may become an incapacitating factor in the life of the child.

Fear resulting in judicious caution relative to strange dogs, getting run over by automobiles, falling from high places, getting burned by fire, and many other similar things and situations with which the child is coming in contact daily, is of value when functioning within normal limits, but when overstimulated, such fears present a real problem to the parents as well as the child.

Jane was six years old when she saw a very exciting accident. A horse attached to a milk wagon got frightened and started on a mad dash through one of the crowded settlement streets, the wagon was upset, the bottles broken and the milk splashed freely about, the

horse crashing through a fence, kicking and making a terrifying noise. The child rushed home, pale and terrified and speechless. Following this accident she was afraid to go to school alone, refused even to go by the road where the accident happened. When she saw a horse, she was nearly overcome by fear. Her sleep was disturbed for some time after by terrifying dreams which were always associated with the runaway scene she had witnessed—calling out for reassurance that the horses could not get into her room.

After a child has been subjected to any terrifying experience it is always wise to encourage him to discuss it freely. The more he talks about it, the more familiar and less unusual it becomes to him, and there is much less danger of such an experience getting buried and affecting him later in life. One is apt to make the mistake of telling the child to forget it, "don't talk about it," "think of something else"; but any experience which has so deep a color of fear cannot be forgotten. The child has to live with the experience; it cannot be forgotten; therefore, he must get acquainted with it. Parents and adults can help by not ridiculing the child for being afraid or telling him that it is silly, or by simply dismissing the matter without comment, while explaining to him that they understand exactly how he feels, that most people have the same unpleasant feelings at times about many things in life, and assuring him that the feeling will not last. Minimize as far as truth will permit the actual danger of the experience through which the child has passed. Gradually lead him back to one aspect of the terrifying

situation at a time. In the case of Jane the scene of the accident was approached gradually day after day. Horses were observed in the distance, pictures with children and horses playing about in friendly manner soon assured her that horses were friendly, not vicious. The dreams did not cease immediately, but they soon lost every aspect of terror and in a comparatively short time the entire experience had become assimilated, so that she could not only talk about it without any emotion whatever, but could go on with her routine duties unhampered by fear.

Emotional situations of any type should not be repressed in children. Children with their remarkably plastic minds can take care of these situations much better than adults, if they are wisely handled. When the child loses a parent through death or divorce, it is customary to tell him frankly just what has happened and what to expect. If it is death, for example, he is told to forget all about it, not to think of it any more; and it is not long before the child who was overcome by grief at the loss can discuss the lost parent with little or no emotion. This is a wise way to handle all emotional situations that the child, or even the adult, has to face.

In dealing with fear in children, we have a double duty to perform; first, to prevent fear reactions from developing in a haphazard, indiscriminate sort of way, without reason or adequate provocation; secondly, to preserve the constructive elements of fear, in order to safeguard the child from physical danger and social ostracism.

Imitation plays a very important part in the fears of childhood. Not only do children imitate the speech, manners, and general conduct of their parents, but also the mental attitude that the child adopts toward any situation is very likely to be one that he has seen displayed by his parents. The mother who is obviously terrified by animals, dark places, severe storms, lightning, high places; who is easily startled by real or imaginary noises, will be very likely to pass these tendencies along to the child, not as an inheritance, but simply as a conduct pattern which the child instinctively copies. It is, therefore, important that parents who are handicapped by fear reactions that serve no useful purpose should make every effort not to display them before the child, for, invariably, they will be reflected in the child's attitude toward similar situations.

It seems hardly necessary to warn parents not to assume an attitude of fear that does not actually exist, but which is quite effective in impressing the child. The stimulation of fear in a child is not only barbarous and cruel, but practically useless. It may serve a useful purpose for the moment, as a method of controlling the hyperactive, curious youngster and keeping him from venturing very far from his mother's protection. The final results, however, never justify such subterfuges, as the following case illustrates.

A little girl, aged three and one-half years, was brought to the clinic because of terrifying dreams, an intense fear of dogs, and extreme shyness. It was only after the third visit to the clinic that the mother herself

threw much light on the origin of the child's fear of dogs. She stated that when she was about eighteen years of age, she herself had had a terrifying experience in being chased by a dog, and that this fear had persisted for a long time. Remembering her own fear of dogs, she had felt that it would not be a bad plan to instill this same fear into her child, and for months past she had frightened the little girl when she was disobedient, by threatening to go and get the dog, and when out on the street with the child, she always pretended to be afraid when dogs were present, although she had actually overcome her own fear. By instructing the mother and giving the child a proper attitude toward animals, this fear was soon banished, and the terrifying dreams ceased without any further treatment. The child is still shy, but is making contacts with other children, and the outlook for the future is good.

Many of the fears that the child is called upon to experience belong to the destructive, incapacitating type, serving no useful purpose but dissipating energy that should have been directed and utilized toward the child's welfare. Imitation and imagination, as well as suggestion, play a very important part in the development of these fears. They often have their origin in the parent-child relationship, where the parents have found fear a useful method in obtaining obedience. The pathetic part of this situation is that not only has the child been subjected to a cruel emotional experience, but this experience has left behind psychic scars about which future patterns of conduct will be con-

structed. The timid, shrinking, cowardly soldier was not made on the battlefield but in the nursery.

There are many fear reactions which, though not inherent, are acquired at an early age and are most useful to the child. This type of fear is essential to self-preservation, and is a very important factor in the development of conduct that will be socially acceptable. Although these modifications of fear should not be eradicated, it is important that they should not be overstimulated so that they become too widespread, or so intense that they become an incapacitating factor in the child's life.

Fear may easily be made a dominating, all-absorbing idea in the mind of a child by constantly suggesting the possibility of danger. Some parents are incessantly warning their children to refrain from this or that type of activity on the ground that they may get hurt. "Don't run or you will stumble." "Don't climb or you will fall." "The dog will bite you," or "The strange man will carry you off if you leave the yard." "If you are not good the policeman will take you away," or, "Mother will leave you alone if you're naughty." "God doesn't like bad boys" and "Father doesn't like them if they are noisy," "The candy will make you sick." These are only a few of the innumerable warnings that many children have to listen to every day. No one of them is very important in itself; but there is harm in creating an atmosphere of ever present danger that is built up for some children by incessantly warning them that they may expect some calamity to descend upon them at any moment.

This warning of danger may have a temporary effect as a disciplinary measure, but it is not a lasting means of gaining desirable conduct. In spite of the fact that many children, fortunately, soon discover the falsity and absurdity of these parental warnings and treat them accordingly, the more suggestible children are greatly influenced by this ever present anticipation of danger. It becomes a dominant part of their personality, which cannot be easily dispelled even when they reach the age of being able to judge wisely for themselves. Therefore both groups are seriously handicapped by such an environment, the first from loss of confidence in parents, the second from a state of anxiety having its origin in a sense of insecurity that began very early in life. The adult, who in childhood acquired the habit of expecting danger or discomfort to which he would be likely to be subjected at every turn, is constantly dodging the realities of life on one pretext or another, because of fear. Often it is a vague and ill-defined feeling, like a dread of impending danger. The fear extends to people and situations; it affects and interferes with work, abilities, and judgment. Such persons become filled with doubts and indecision; confidence is lacking; courage is gone. They feel inadequate to meet life, and they can exist only in a most protected sort of environment.

Many children have an abnormal fear of physical pain. They will make any compromise in order to avoid situations that might possibly result in bodily injury. This state of mind has invariably been produced by a constant appeal to the child on the ground

that the thing forbidden will be painful, so that pain becomes the all-important thing to be avoided in life. Such children cannot enter into competitive sports of the rough and ready sort. They can not protect themselves against the more aggressive youth, who soon finds out the weak spots in the other fellow's armor. These children are apt to have such a tremendous aversion to pain that much of their time is spent in avoiding it. They are looked upon as cowards and "sissies," and their lives are made miserable.

Many of the incapacitating fears of adult life have their origin in some early impression or experience. The fears connected with sex knowledge and sex practices which countless individuals have battled with all their lives will be discussed in another place.

Fear is a much abused means of gaining desirable conduct with children. The fact that it brings immediate results with only a minimum amount of effort on the part of the parent tends to popularize it as a disciplinary method for the preschool child.

Fear so frequently proves to be a destructive force in the development of personality that it should never be employed where some other measure will accomplish the desired end. Parents are very apt to resort to threats as a simple and sure way of getting some specific thing accomplished, or to deter the child from carrying out a bit of undesirable conduct. Instead of taking time to explain to Johnny, aged four, that his noise will waken his mother who is tired and has a headache, and appealing to his sympathy, his father or his nurse tells him that if he doesn't keep still he

will be severely punished or put in the dark closet. This is an attempt to get desirable conduct by means of fear. The child may cease making the noise, but it is not unlikely that he will look upon his mother as a bothersome old thing who always wants to sleep or be quiet when he wants to have fun, and upon his father or nurse who gives the command as one of those arbitrary, demanding persons who can make kids do things just because they are bigger. On the other hand, if the child could have been interested in his mother's indisposition, he might have gotten considerable pleasure out of what would ordinarily be looked upon as a great sacrifice. We must appeal to the highest motives for desirable conduct. Fear is a low type of motive for most conduct, and for this reason should be avoided.

Nothwithstanding the fact that fear is an effective method in controlling the child temporarily, the parents may be assured that if the child gains any knowledge from the experience, he learns that deceiving and threatening on their part is only an evidence of their own weakness and lack of ingenuity in meeting the situation frankly and in a more constructive way. The parent who is constantly, or even occasionally, attaching to situations, people, and things, an element of danger for the purpose of stimulating fear in the child, is not only doing the child a great injustice, but is destroying his confidence in his parent.

Emotions in children are not to be played upon and toyed with. It is no less dangerous than experimenting with the child's eyes or his ears, which no intelligent

parent would consider doing for a moment. Fear is an emotion that can be stimulated in so many ways and has such far-reaching effects that parents need to be ever on their guard. Mental clinics offer almost daily evidence of the damaging effect of some infantile fear on human happiness and efficiency.

Teachers, nurses, and social workers are continually meeting children who are shy and timid, who feel inadequate to venture forth and meet the ordinary problems of everyday life, to compete and coöperate with other children, because the fear instinct has been overstimulated. The policeman, to whom the child should learn to look for protection, has become endowed with everything that is terrifying. The harmless old ragman and the scissors grinder, who might well become pleasant memories, are objects of terror. Even the doctor, upon whom the child and the parent are so frequently dependent in times of emergency, has been portrayed to the child in such a way that his task is made extremely difficult, and his efforts at times quite useless.

All these warnings may appear unnecessary in this enlightened age, but these methods are still being utilized constantly to such an alarming degree that they cannot be passed by unnoticed.

It is extremely difficult to separate fear in the training of children from punishment and parental disapproval. The question often arises—to what extent should fear be a factor in guiding conduct and stimulating us to meet our moral obligations? One can say with confidence that the attitude of the child

toward punishment and parental disapproval should neither be one of indifference nor of terror. It should, however, be one of concern, which means that it is colored by the element of fear.

The child who has no anxiety when he has committed some asocial act, or who is indifferent to disapproval and punishment, is a most difficult individual to train to habits leading to conformity. This indifference manifests itself first in the household, being directed toward the parents, grandparents, brothers, and sisters. It is, however, only a short time before it becomes transferred to the teacher and those in authority outside the home. In early adolescence, this bravado attitude and utter disregard of approbation may gain considerable recognition for the child from the gang, and may do much to encourage this assumed indifference to the opinions of others. As a matter of fact, it is this indifference, either actual or assumed, which always secures the approval of the gang. Lads with this attitude soon become exalted leaders, diligently seeking for approval of their anti-social activities.

Delinquency is often a means that the child utilizes to keep himself from being entirely ignored; and the greater the applause, the greater the thrill he derives from his nonconformity. It is during the excitement of this applause that he usually commits some act of an asocial type of conduct, which results in placing him finally in the hands of the law. The fact is that the child in early life has not learned that conformity and obedience will invariably work out in the end to

his advantage. He has been protected from the natural consequences of his own acts by the oversolicitous parent; and he has basked in the admiration of those who have put a premium on disobedience.

It is well to keep in mind that caution, a form of fear, is essential to success. Whenever the child embarks upon any new and untried experience, it is often with doubts and misgivings; and, like the adult's anticipation of failure, which in itself is fear, these doubts may be the very thing that prevent a successful termination of the task at hand. Those without some fear and much caution, however, soon succumb to the physical forces of the environment, meeting with social ostracism on the way.

Most of the fears that children experience are not of the objective type; that is, they are not concerned with things actually seen or heard, but are rather the product of the child's imagination.

These subjective fears are more intangible; and frequently it is only after a long, intensive study that their cause is determined. Hazy, indefinite, and poorly formulated ideas about death are the basis of more mental anxiety in children than is generally supposed. One youngster, four years old, entertained the idea that death meant being buried in a hole and held a very bitter resentment against his mother because he thought she was responsible for the death of his grandmother, to whom he was very much attached. Another child, at four years, would get depressed and spend hours of suffering, the basis of which was the fear of being buried alive. The origin of this fear

was a story of grave robbers cutting off a finger of a supposedly dead woman in order to get her jewels, and of her return to life during the operation. Not long ago, a physician who sees many children called my attention to a fact which I have since verified, that fear is stimulated by the line in the evening prayer which is familiar to most children, "If I should die before I wake." Fear is rarely stated as the reason for bringing the child to the clinic, but it is frequently found to be the underlying factor in the child's trouble.

Often the child weaves into some very commonplace occurrence an element that induces fear. It is this type of emotional reaction that is beyond the adult's comprehension. Fear of the dark, for example, is very common in the lives of most children at some period or other. Yet this is not an instinctive reaction; and it is not the dark that the child is really afraid of, but the things that his imagination leads him to believe might happen in the dark which he cannot combat by sight as he might in the daylight.

The imaginative child can project from his troubled mind all kinds of terrifying situations, which to him are very real, and his emotional reaction to these imaginary projections is similar to what he would feel if he were facing reality. Many of the weird tales that children hear have their setting in obscure, dark, silent places, and the child soon learns to associate darkness with disaster—with the strange and unusual. It is at night, when in bed, or perhaps while being punished in the dark closet without occupation, that his imagination is most apt to take flights. His mind is free to

run wild, and in solitude and darkness it is to be expected that it should go back to those stories, so thrilling to hear in broad daylight in the security of adult companionship, but so gruesome to reflect upon in the quiet of the bedchamber away from all protection.

Ordinarily, we do not expect a child to show any fear of the dark until he has reached the age of three, unless he has been subjected to some terrifying experience that was associated with darkness, or has been threatened with such an experience, or has been punished by being put in seclusion in the dark. But most children, regardless of the efforts and the intelligence of parents, will probably, at some time during the preschool period, pass through the stage of being terrified by darkness. If intelligently handled, this period is invariably of short duration, and is not likely to leave emotional scars in later life.

If parents bear in mind the fact that it is usually not the dark of which children are afraid but the products of their imaginations, over which they have no control and which they cannot combat either with their intellects or their special senses, they will be more tolerant toward these childhood experiences. Being tolerant does not mean giving in to the child's demands for light and companionship, or perhaps attention, for this in itself would only confirm the child's belief in the existing danger. Children are very apt to accept such concessions as evidences of real danger. Fear should be dispelled at the earliest possible moment by reassurance, which parents can give by reasoning with the child, and by giving him evidence that his imagina-

tion has played a trick on him. Patience and consideration, with a kindly and confident attitude, will do a great deal to eradicate these early fears. If such a course is taken as soon as the fear manifests itself, and before the child has elaborated upon it and become unduly emotional about the situation, the results will be most satisfactory. But if the fear is allowed to remain for days or weeks, the parents entertaining the idea that the child will forget, it usually becomes firmly fixed in the child's mind and invariably colors many of his reactions toward other situations in life.

The phantasies that produce fear of the dark are very apt to be the things that the child is not completely reconciled to in his daily life. Burglars, policemen, animals, bogy men are subjects from which the child often gets a certain excitement and thrill when discussing them because they suggest just enough of the element of danger to make them exciting. The content of the child's phantasies, therefore, is extremely important, as they are linked up with many of the ordinary situations of his daily routine.

Fear plays so many rôles in our daily conduct as adults; in certain activities it makes us thoughtful and cautious; it prompts us to premeditate in making our plans, to forego the pleasures of the moment in order to avoid worry and anxiety over fear of penalties. It is fear over our security of the future that makes us thrifty. Fear of social ostracism often plays an important part in determining the moral standards we shall follow. As such, fear is useful in determining our habits. Many people, however, are dominated by

their fears. They build their lives around some abnormal fear: it may be of high places, disease, being shut in, fires, ringing of bells, death, failure, responsibility. Sometimes such fears are only an annoyance or an inconvenience; other times they totally incapacitate the individual for living a normal life. Many of the vague, intangible fears have their origin in some actual experience of childhood, and the particular thing or situation of which the adult finds himself afraid is not what they are really afraid of; it is only the thing that associates back to their real fear which took place in childhood.

It is impossible for parents to know of every experience the child has that might have produced fear, but it is safe to say that parents who have the confidence of their children will have the opportunity of listening to many of their fears at about the time they are experiencing them; and in this way be in a position to guide and help them. Simple explanations often take away all unpleasant and fearful emotional reaction to any situation or experience through which the child is passing. All the wise parent can hope to do is protect the child so far as possible from fear-producing experiences, but if they occur to be in position to eradicate them at the earliest possible moment. This can only be done if the child feels that his troubles will receive kind and serious attention, which means absolute confidence in the parent to understand.

Do not minimize, criticize, or ridicule the fears of childhood. They are deserving of your intelligent interest and sympathetic understanding.

CHAPTER XI

JEALOUSY

JEALOUSY stands out preëminently as the cause of much unrecognized conflict in early life, and from a social point of view is very important. Not only does it stimulate anger, hatred, and inferiority in the child, but, in later life, it may so influence conduct that the individual is continually at odds with his environment.

By jealousy we mean that unpleasant feeling induced by any interference or attempt to thwart us in our efforts to gain a loved object, either a person, power, possessions, or position. By the very nature of the emotion, it carries with it a lowering of self-valuation; followed by humiliation, concealment, and shame.

Jealousy between the ages of one and five is a normal reaction common to most children; yet often, through accident or deliberate fostering, this emotion may become so exaggerated and dominant in the personality, as to make it inevitable that serious difficulty in social adaptability should follow.

No one is quite so miserable as the jealous child. He has failed, or thinks he has, to obtain the time, attention, and affection of some one about whom he is greatly concerned. This particular failure, real or otherwise, like failures in general, lowers his self-esteem. He feels inferior, is filled with doubts and

misgivings, is lacking in confidence, and thinks himself inadequate to meet any situation which requires self-assurance. He flounders about for a way in which to reëstablish himself, or he retreats entirely from the scene of conflict about which the jealousy centers. He becomes shy and diffident, or angry, resentful, and rebellious. It is quite likely that he is not at all aware of what his feeling of discontent is all about. He feels diffident, depressed, nauseated, weak, strained; but it is impossible for him to explain why; and his conduct is naturally affected by his feeling.

When jealousy is recognized by the individual, it is so unacceptable that it is either repressed by the process of refusing to admit its existence, or it is justified by the process of rationalization and self-deception. Children, and even adults, find a certain amount of pride in telling about some event that aroused their anger, so that for the moment they were dominated by rage, leading perhaps to most unwise conduct; but rarely does one find any one acknowledging jealousy, let alone boasting about it. Here pride has met with an affront, and this condition of affairs must not be known to others.

Jealousy is the basis of much conduct that is described as queer, eccentric, or peculiar. The jealous child is frequently fretful and unhappy, giving and getting little out of life. He harbors and elaborates his grievances until he feels that the whole world is against him. He is a source of great annoyance to his parents and is always a potential danger, for the anger and ill-feeling that result from jealousy are seldom of short

duration. There is danger of losing sight of some fundamentally important aspects of this emotional problem, simply because it presents itself in such a variety of ways. We must not forget that the same instinctive drive that, when denied, thwarted, or inhibited, arouses the same undesirable emotion, may manifest itself in many different ways. The following are examples of problems presented by four different children.

Jim's problem is one of fighting; he is very aggressive and pugnacious. *Sam* makes constant demands for attention from his mother; he is insistent that every moment of her time be devoted to him. *Susie* is sullen, resentful, and inclined to be moody, to stay by herself. *Bill* is shy, self-conscious, and retreats when confronted with the commonplace problems of everyday life. In each one of these four cases, the conduct of the child was quite different. Objectively one could see no common basis upon which to explain the four types of reaction presented; but by a careful investigation into the life history of these children, we found that the underlying cause in each case was a reaction to the emotion of jealousy.

The child has to meet in his daily experience many situations that will naturally arouse this emotion of jealousy. The earliest life of the child is dominated by his own selfish strivings, when he gathers unto himself everything within his grasp and demands the attention of those about him. It is not surprising that he is often thwarted and repulsed, ignored and neglected, in his struggle for attainment. It is this failure and having

to see others succeed while he looks on that is the fundamental cause of his difficulty.

Much of the ill-feeling in family relationships is the outgrowth of early jealousies. This feeling may be directed toward a brother or sister who has always been looked upon in the household as the favored one and who has demanded and received from the parents much time and attention, or it may be directed toward one of the parents, particularly when the child's attachment to the other parent is very strong.

Joseph, at the age of four, showed extreme jealousy toward his one-year-old sister. He disliked to see her receive any attention, and would fight her and grab things from her. This attitude toward his little sister was found to be a part of the child's loneliness and unhappiness following the death of his grandmother to whom he had been devoted.

The household includes a father, who is in poor health, is listless, and plays only a passive part in the management of the home; and a mother, who inconsistently disciplines the children, exaggerates their difficulties, inspires fear, is threatening in her attitude toward the patient, shows marked favoritism for a younger sister, and is openly antagonistic toward the boy, so much so that he seems apprehensive and always on his guard when in her presence. In addition to the above-mentioned members, there are an aunt and an uncle, the latter adding to the difficulty by continually teasing the youngster and calling him "sissy."

Study of the case showed that the boy had been deeply attached to his grandmother, with whom he had

spent much time. She had died within the year. At the time of her death, he stayed with the family upstairs. He cried bitterly for her, saying, "My grandma's gone." He was told by his mother that grandma had gone to New York. It was not until two months later, however, that he told his mother that his grandmother was dead, that she "went down a big hole." During the last year he has talked incessantly of his grandmother. Whenever he gets a pencil he writes letters to her, often says he hears his "grandma calling him"; and when punished, he says, "I'll go to grandma." He has called for her in his sleep. His mother at times finds him gazing at her picture and holding imaginary conversations with her; and when his mother interrupts him he is very angry with her, says he hates her, tells her to get out and stay out, and even tries to strike her.

The mother claims his attitude has changed completely since the grandmother's death. Whereas formerly she had no fault to find with him, she says that he now cries for the least little thing, has become ugly and bold, and is unkind and disagreeable to her.

From the account given by the mother one felt that the child presented certain quite malignant symptoms from a mental point of view and was in need of careful study and supervision.

The boy is perfectly normal physically but has many personality defects in his make-up. He is very jealous of his little sister and selfish with her, probably because his mother openly favors her. He holds a bitter, antagonistic feeling toward his mother and says that

he hates her, while she interprets everything he does as being "fresh and bold," and says she is too disgusted with him ever to bother to praise him. His uncle's teasing makes him feel inferior, and he resents being called "sissy." He prefers to play dolls and games about the house, and it is not surprising to find that he has always been kept close to his family and not allowed to play with other children. He is afraid of the dark and cries out in the night that pigeons are biting him. His mother admits that she has at times frightened him in order to make him obey. He wets his clothes and has temper tantrums.

In the treatment of this case there are several factors to be dealt with, the most important of which is the mother, who must be reëducated in her attitude toward the patient and in her methods of discipline; the father must be made to realize his responsibilities; and last, the child must be educated to meet his problems in a more satisfactory manner.

The treatment consisted of frequent visits to the clinic and long talks with the doctor. The mother's attitude was changed; masturbation was stopped by means of diversion and substituting other interests; the child was desensitized to the dark through education and through his love for approbation; enuresis ceased with the institution of routine measures; the boy was allowed to play outdoors with the other children; and he is no longer teased or called "sissy." The child within a few months made a perfectly satisfactory adjustment to the problems of his home and his play life.

One of the common situations that stimulates jealousy in the child is the arrival of a new baby in the household. This is not surprising when one considers that suddenly and unexpectedly the child of three or four finds his mother devoting practically all of her time to the small intruder. It may be that the child has been going through a most unhappy period filled with worry and anxiety. Often the older child is sent away during the mother's confinement. This may be the first time he has ever been away from home; and we can little appreciate what this may mean to him, even though he is with well-meaning friends and relatives. His entire world is in upheaval. How can he know it will ever come right again? He puzzles his little head over this, is told time and again that he is going back to mother and daddy. Days drag on, postponement is followed by disappointment, and when he finally returns home, it appears that he is supplanted. Some one else seems to have usurped, not only his mother's time and attention, but much of her interest and affection. Not only have mother and father a new and absorbing interest, but every one else seems to be tremendously concerned about this newcomer. Or, it may be that he stays at home and mother is taken away to the hospital with little or no explanation to him. Again he is faced with a new and baffling situation. Why has mother left him? Will she really come home again? Why does she stay so long? He has some vague and terrifying memory of his playmate's mother who went away and did not return. Then she comes home, but her love and attention must now be shared.

Small wonder that feelings of hatred for the baby are often aroused.

However, this attitude toward the newborn baby can invariably be prevented if the older child is permitted to share the confidence of the family, and is told that he may expect a new little brother or sister. Tell him of the advantages and the pleasure of a companion and playmate, but also point out clearly that there will be new responsibilities which he must share. He then awaits its arrival with interest and pleasant anticipation. Handled wisely, what might be a most unpleasant event in his life, becomes a real pleasure and he looks forward to the companionship of a new playmate and some one to care for and protect. This sense of responsibility will work out to the advantage of both children. If, in the course of events, the older child does become jealous of the baby, never foster this attitude by teasing, or by encouraging it, or by looking upon it as something that is "funny" or "cunning." Children are far too sensitive and it is much too dangerous to toy with their emotions in this way. Intelligent parents will find numerous ingenious ways to convince the child that he is still just as loved and just as important a member of the household as he ever was before the "usurper" arrived. It is simply a matter of giving the older child a little more time and attention and a little assurance that he still holds the affection of those he loves.

Often a child will become markedly jealous when the parents show affection for each other or for children outside the family circle. Unfortunately, parents, not

appreciating the gravity of such a demonstration, are frequently flattered by the child's resentment. This interesting and unusual display of emotion appeals to them and they term it "cute," making every effort to perpetuate and exaggerate it. It is even aroused for show purposes when visitors come in.

The following case, although somewhat more dramatically presented than is usual, offers a good example:

Louise, just over two years of age, had a violent and uncontrolled temper, which would burst forth whenever she was thwarted and often for no apparent reason. She was extremely antagonistic toward her sister Helen, who was two years older, a shy, retiring, peaceful child, extremely sensitive to any friction in the household. This bitter, revengeful attitude of Louise toward Helen resulted in many encounters in which Helen was the principal victim of her sister's unbridled temper. The mother, although concerned enough to bring both children to the clinic, was inclined to blame Helen for not fighting back, and there was evidence of some maternal pride that Louise was smart enough to make everybody do her bidding. Upon investigating the situation we found one source, at least, of her attitude toward Helen. The father, observing that Louise was inclined to get a little sulky and resentful when he played with Helen, thought her reaction rather amusing and began to tease Louise by making much of Helen when he came home at night, even going so far as to demonstrate her jealousy to any visitors who happened to be present. Louise, filled

with jealous rage, would await her first opportunity to make a physical attack on her older sister. This is an example of how jealousy can be developed in pure culture just as one would grow organisms in a laboratory. The fact that the child's reaction was of the crude, instinctive type, where she openly battled with that which was standing between her and her father's affection, makes the situation less serious than would have been the case had she successfully repressed her feelings toward her sister. Under such conditions the repressed emotion might later become converted into physical or mental symptoms, which would have been more difficult to interpret and treat. There is no necessary relation between the depth or intensity of the mental conflict and the resulting conduct. In one child, trivial and superficial conflicts may result in chaotic conduct, while with another the most serious and deep-seated conflicts may be temporarily repressed.

Again, jealousy is often aroused in a child by constantly praising and holding up a brother or sister as a model, or persistently pointing out shortcomings and defects in the child who is inclined to be jealous. Nothing is more disastrous than playing the merits and abilities of one child against those of another. It causes feelings of bitterness, resentment, inferiority, and inadequacy.

In order to avoid as far as possible the development of jealousy in the child, we must deal with that common characteristic of childhood that we call selfishness. The child must learn that he has certain obligations toward his family, and later toward the community in

which he lives. As early as possible he must begin to think of what he does and what he says in relation to other individuals, and of how his words and acts affect them. He should be told repeatedly that such and such an attitude in a given time or place is right or wrong. He should live in an environment where he can see that his pleasures and those of others are being considered by each member of the household. Thus, long before he can reason why, he should have acquired certain habits, developed largely through suggestion and imitation.

The jealous child is apt to be one who in early life has not had the opportunity of developing interests outside himself. The so-called "only child" is in a position to become self-centered. This is especially true if the child has been brought up in a crowded section of the city where he is confined to limited quarters with no companionship except that of his mother. He is, to be sure, monarch of all that is within his reach, but his field is far too limited. He has no knowledge of the interests and activities of other children nor a chance to gain such knowledge.

A similar condition exists, in a greater or less degree, with a child who, by illness or accident, has been prevented from making early contacts with other children and has had only the close companionship of an oversolicitous mother. He, too, becomes impressed with his own importance. Not infrequently we find one child in a family especially favored by one parent or the other, being protected, not so much from experiences, but from the natural consequences that

should result from those experiences. Such children in later life are of the type who fail to recognize superiority in others and are intolerant and resentful toward authority.

It is the jealous child who becomes the jealous man or woman. As a child he encounters innumerable difficulties in getting on with his playmates. Because of this, he develops a sense of failure and shame which is a tremendous handicap. He feels wronged and neglected; he has missed a "square deal." His self-centeredness becomes more marked and he draws away from his playmates and the activities of life thoroughly discouraged; or he may become domineering and pugnacious in an effort to gain attention for himself. Later in life this emotion causes an inability to share the joys of others, and makes it impossible to see others succeed without manifesting open resentment. The jealous person becomes an object of dislike. Often he develops ideas that he is unjustly treated or persecuted; and all too frequently the jealousy ends in uncontrolled resentment with disastrous results.

It is safe to assume that if a child can be taught habits of unselfishness in the home, where his personal attachments are strongest and where he would naturally have more provocation to jealousy, he will encounter little or no difficulty from this emotional handicap when he gets outside.

If it so happens that there are no other children in the home, every effort should be made to bring the child into association with children outside, even at the risk of physical dangers in the street and the

chance of his picking up some of the vocabulary of the alley.

The child should be taught to share his toys and playthings, his candy, books, and pennies with other children. In games, he must learn to strive for the good of the group and not only for personal achievement. If defeated, he must learn to acknowledge superior skill on the part of others with a smile. Children should learn to play many games with fair ability rather than to excel in one particular game. There is a great tendency, not only on the part of children, but on the part of adults also, to cling to the things they do exceptionally well and to retire from the field of activity where they do not excel. Unselfish conduct should be rewarded by commendation, and occasionally by some reward of a material nature. There is certainly no disadvantage in the child's learning from experience that unselfishness is a paying proposition.

Study your child. Find out why he behaves as he does. Is he aggressive, belligerent, and defiant? Is he sullen and resentful; or does he explode in outbursts of temper which clear the atmosphere? It may be that he is shy, quiet, and always a model of good behavior, letting life slip past him without taking an active part. Think the thing over; understand how his mind is working. Remember that the attitude he is showing may express his feelings in a very indirect way. Aggressiveness and defiance may be a mask for feelings of failure and discouragement, while passive indifference may be only a cover for deep mental wounds. On the other hand, the child's conduct may be only

the result of imitation and be patterned after an admired grown-up or child with whom he comes in contact. Take time to know your boy or girl! It will prove in later years to be time well spent.

Jealousy is not an inheritance; it is usually the result of selfishness, which means faulty training. The child who has learned to share his toys, who has been taught to divide the parents' affections with others, who has learned to appreciate that the mother has other duties in life besides fulfilling every wish and desire of a demanding child, will probably not be much handicapped by jealousy. On the other hand, the parents who put a premium on jealousy by calling it "cute," or who are constantly subjecting the child to situations which tend to make him jealous, such as continually comparing him unfavorably with other children, or who constantly tease the child for their own amusement, are laying the foundation for much difficulty later on in life.

Keep in mind that the jealous child will be a jealous adult, an individual who will be constantly resenting his friends' successes, who works poorly with others, and who constantly complains that he is not appreciated. In brief, he will be an individual who is completely out of harmony with the environment in which he lives, and out of adjustment with his fellow beings.

CHAPTER XII

DESTRUCTIVENESS

RARELY do we find a child who is willfully and wantonly destructive. It is true that, in the process of growing up, children often manage to inflict what appears to be unnecessary damage, not only upon their own possessions, but also upon the environment in general. But the unhappy results of their activity are but incidental to the purpose and plan the child had in mind, and the act is not carried out with malice aforethought. Activity is fundamental with children. The normal child learns by imitating people and investigating things. To satisfy his curiosity is one of the essential strivings of the child's life. Without it, there would be no urge for knowledge and no attempt to be informed.

During his early years, the child has no sense of values; his little brown mug means more to him than the most costly piece of china. The oriental rug can in no way compete in interest with the highly colored linoleum on the kitchen floor; yet what a fuss is made when something is spilled in the living room, and what a calamity if he happens to drop a piece of the family china.

The child's activity, although poorly coördinated and very uncertain at times, is not purposeless; there is a plan behind it and an end in view. As he pulls,

twists, crosses, breaks, tears, cuts, and defaces it is seldom with the idea of being malicious. It simply happened, sometimes with intention, at times accidentally. He pulls at the table cover to help him get up from the floor; he twists the cat's tail because it results in noise and action; he cuts his stockings to demonstrate his ability to use the scissors; he crushes the flowers to show he is pleased with them; with chalk or pencil he has discovered he can leave his imprint on the wall or woodwork. This gives him a sense of power, which he has demonstrated and from which he gets much enjoyment. It does not occur to him that all these newly acquired accomplishments are inflicting damage which is painful and annoying to grown-ups. He is surprised and usually sorry to find his actions have not met with approval. He is grieved by the reprimands he receives and feels keenly the injustice of his punishment. Necessary as it may be to protect the child from inflicting such damage habitually, it is often even more important that all the circumstances and conditions that led up to the unhappy event should be carefully investigated and taken into consideration. Much of the annoyance that parents have to experience from what we term destructive tendencies, would be avoided if the child could have a corner of his own in which to play.

The surroundings in which the adult lives furnish too many alluring attractions for the child. The temptation to handle and explore is irresistible to many children; and the necessity for the parents to be constantly imploring the child to inhibit his activity soon develops

into chronic nagging, resulting in irritaton and often anger on the part of the parent, and defiance and open rebellion on the part of the child. If the child has his own domain, whether it be a play room or merely a corner where he can carry on unmolested, much of this friction is eliminated.

Destructiveness may be due to jealousy, anger, or perhaps some vague, intangible mental conflict, deep-seated and of long standing; or possibly to some new and rather trivial environmental situation in which the emotional reaction has been excessive. These emotional situations must be considered and treated pretty much the same as we treat fever or headache—that is, make every effort to determine the cause and remove it whenever possible.

Sally was eight years of age and for three years she had been meeting many of her grievances against life in an interesting though very annoying way. When her brother got old enough to take piano lessons she became very jealous. She said but little, yet her actions showed she felt hurt that he should be the one to have this opportunity. She soon met the situation by destroying the piano keys, by twisting them out of their proper places. And on one occasion when her sister was ill and her mother quite naturally devoted much of her time to the sick member of the family, Sally got even by uprooting her entire flower garden. If some of the other children in the neighborhood got new toys that Sally envied, she would destroy her own toys, saying they were no good and not worth keeping.

Unfortunately, this little girl was not recognized as

being a jealous child. At times she was treated as a delinquent and simply punished and exiled from toys, which only made her more resentful. At other times her parents took the attitude that "there must be something wrong with her brain," and overlooked her destructive tendencies altogether. The real problem was an emotional one, to help the child to understand clearly why she was doing these undesirable things and to give her a little more instead of less attention.

Some children need more attention and affection than others to satisfy their emotional lives, just as they require varying amounts of food to keep up their bodily weight. We learn to recognize these different types and cater to their needs as the occasion demands.

One occasionally finds that destructiveness is the result of some deep-seated conflict of which the child, as well as the parents, are quite unaware. It often takes skill and ingenuity, as well as much time and patience, to unravel the twisted and distorted ideas involved in such conflicts, but in these cases nothing short of an intensive study of the situation yields results. The following case is a good example.

Lucy is a very attractive little girl, ten years of age, whose medical history presents nothing worthy of note. She is in grade 4A in school and getting on well, which may be taken as a measure of her intellectual capacity.

She was brought to the clinic by her father, who stated that she was "viciously destructive" and "willfully stubborn." He gave the following details concerning recent happenings.

All during the winter she had persisted in going

down into the cellar and turning on the cold water, permitting it to run into the steam boiler and thus cooling off the house. For this she was severely scolded, threatened, and spanked; and finally her bare hands were placed on the hot furnace so that they were badly blistered and had to be bandaged for several days. Fifteen minutes after the removal of the bandages she repeated the act.

Four days previous to her visiting the clinic, for some unknown reason she took a pin and scratched the piano. This episode was followed the next day by the mutilation of the top of the dining room table with the cover of a tin can. For these two offenses the father scratched the palm of her right hand and arm with a pin, leaving ugly-looking wounds.

Recently her father missed several graphophone records, and upon being appealed to, the child admitted taking them to school but did not return them, although her father requested her to do so. Her father went to the school and saw both the teacher and the principal, to whom Lucy stated she had given the records, only to have her admit later that she had lied. She was severely switched about the legs on their way home but maintained a sullen silence until the next day, when she told the housekeeper that she had put the records down through the cracks in the veranda. A carpenter was secured and several boards were removed, but no records were to be found. A few days later, of her own accord, she produced the records, which had been hidden away in her room. She writes on the wallpaper, hammers the walls, and destroys furniture.

She is the oldest of five children whose mother died three years ago. Her father states, "I have had twenty housekeepers since then." The one in charge now is sixty-three years old; she is kindly and affectionate toward Lucy and the child is fond of her. The father is a stern, reserved, quick-tempered man, who is trying hard to keep his family together and, in spite of his apparent brutality, wants to do what is right.

At school the patient is considered bright, well behaved, and truthful. At home she is untruthful, disobedient, destructive, selfish, jealous of material things, unaffectionate, stubborn, and resentful. Her father says, "She is willing to undergo any pain to aggravate me."

At the clinic she appears to be a happy, cheerful little girl, who admits frankly her jealousy of her younger sister, who gleefully tells about school-day experiences but suddenly becomes sad and tearful at the mention of her mother. She assumes the responsibility for "all the rest of the kids," as she calls them. She is interested in her schoolmates. She wants pretty clothes and likes her teachers, the housekeeper, and her father. She shows no resentment for the severe punishment she has received and offers no excuses or explanations for her misconduct.

She seems to be very friendly and approachable. One feels that there is a sympathetic relationship established which will do much to get things going right. The father is given to understand that punishment is useless, a fact which he has appreciated for some time. He is asked to get on a more companionable basis with

the children; and one Saturday he demonstrated his good intentions by bringing three of the children to the clinic en route to the movies. The report of the father at this second visit was quite encouraging. The patient had been "getting along fine" for a week, none of the destructive tendencies being even in evidence. She seemed happier and more cheerful, talked more freely, and was much overjoyed at the prospect of going to the movies.

After the picture show the patient returned home. Everything seemed to be progressing well, when suddenly, for no apparent reason, she gathered up several phonograph records and destroyed them. There seemed to be no particular emotion attached to this episode, which was apparently the result of an impulsive idea. She was not punished on this occasion, and everything went along smoothly for forty-eight hours, her father still hopeful that another week might pass by without further manifestation of her destructive tendencies. Monday evening he brought home a new pair of white shoes, a present for which she had shown a strong desire for some time. She was happy over the gift, but within an hour after her father's return she cut the upholstering on one of their best chairs in the living-room with a pair of scissors. This information was given me by the father over the telephone. He admitted that he had reached the limit of his patience and said that some plan must be made by which the child should be taken from home.

A plan was agreed upon and carried out, whereby the children would be sent to Maine for the summer

months. Such a plan, of course, is but temporary, and the problem must be faced upon their return home.

This case was not under observation long enough to enable me to formulate any definite ideas as to the underlying mechanism for the cause of the child's destructiveness. There are, however, several pertinent factors in the history that give one an inkling of the line of treatment that must be followed. The first and most important is the child's devotion to her mother, her inability to assimilate into her own life the situation caused by the mother's death, and her bitterness and resentment on being deprived of her mother.

In a superficial examination of the facts presented, it is found that all the destructive tendencies of this child are directed toward the house in which she lives and the furniture contained therein. At school, when visiting, or under any circumstances or conditions not found in her own home, she never manifests any of these destructive tendencies. It seems that it is the association with her own home that brings out all of her vicious tendencies. One also finds from the history that for many years prior to the death of the mother, the sole interest of both parents was to save enough money to build a house that would be more or less of a show place in the community in which they lived, a small unattractive village in the suburbs of Boston. Both parents worked daily without recreation or vacations and even went without the necessaries of life until the death of the mother, in order that another dollar might be put away. It was, however, only after the death of the mother that the father finally erected the

sixteen-thousand-dollar house which stands out as a monument of his ambition and thrift. But somehow one cannot but feel that, to the child, consciously or perhaps unconsciously, it is but a memorial to the toil and sacrifice of the mother for whom she always showed a very strong attachment. This may be considered merely speculative, considering the little opportunity the writer had to observe this particular case, but it is not unreasonable to expect to find an explanation for these apparently voluntary vicious acts of destructiveness in some deep-seated mental conflict with which the child is struggling blindly.

It should be kept in mind that much of the activity which is looked upon by the adult as being of the destructive type, to the child is essentially constructive; that is, it represents an effort on the part of the child to inform himself regarding the physical laws that have to do with the things with which he comes in contact. The child whose curiosity is not stimulated by the ticking of a watch, the ringing of an electric bell, the electric toaster and all the mechanical devices with which he comes in daily contact, is very apt to be dull and uninteresting, although easily cared for.

In their efforts to determine how things are put together, children often find it necessary to tear them apart. Children, of course, must be prevented from experimenting with things of value that can be easily damaged without giving the child more satisfaction than some cheap, inexpensive toy. The tendencies in children which are looked upon as being destructive may often be diverted along channels which will not be

annoying to the parents, if a little ingenuity is used in selecting their toys. It is always well to keep in mind that the type of toy that lends itself to being arranged and rearranged in various forms, such as blocks—built up and torn down—serve a very useful purpose in supplying an outlet for the child's constructive tendencies. Parents should not be too much disturbed if children, in the process of learning to construct, occasionally tear down. The tearing down process is the means to an end. We must differentiate between the destructive tendencies that are incidental to the child's efforts to satisfy his curiosity, and the destructiveness, sometimes seen in children, that serves no such purpose, but is brought about by a careless indifference to the value of things. These tendencies are apt to be observed in the child upon whom toys and amusements are lavished beyond any reasonable point of absorption.

So, frequently we find parents in very humble circumstances showering the child with expensive, complicated mechanical toys, which serve no useful purpose. They neither satisfy his curiosity nor develop his initiative. They are the type of toy that winds up, and often this effort is carried out by the parents while the child sits back idly watching the operation and taking no active part whatever. Such children turn restlessly and discontentedly from one toy to another, whereas, in leaving them to their own resources, they can be expected to devise ways and means of amusing themselves.

In the selection of toys, as in everything else, there

is what is termed "the happy medium." It should consist in furnishing the child with simple, well-made toys, which can be taken apart and put together without terminating their usefulness, and a place should be provided wherein he can operate and manipulate these toys without being constantly directed and inhibited by adults. In this way, children will soon provide methods of amusing themselves and also acquire the necessary muscular coördination for manipulating more useful and practical implements later on.

The warning note to parents on this subject is this: be careful that, in your efforts to make children obedient, well-mannered, and orderly, you do not make demands that will destroy their initiative; and that in attempting to overcome their destructive tendencies you do not block and inhibit those impulses that are essential to the securing of knowledge, though they may include some destructive elements. Curiosity, the desire to find out what makes things go, how they are made, and what can be done with them, is the cause of most of the destructive tendencies in children.

CHAPTER XIII

INFERIORITY

THE so-called "inferiority complex" is a much abused term, and one that is very often used carelessly by the layman. However, it is true that the feeling of inferiority is found at times in all children and often plays an important part in their general attitude toward life. When one considers the limitations and restrictions that are thrown about the average child, it is not surprising that he soon becomes aware of the narrow field in which he has to operate. Dependent to a very large extent upon the opinions of others for a proper evaluation of himself, it is natural that he should accept these adult evaluations of his own inadequacy. Parents are constantly impressing upon the child his immaturity, size, and inexperience as a means of "keeping him in his place." "Children should be seen and not heard" symbolizes clearly the attitude that many parents take about the part that the children should play in the family relationships.

The superior attitude that adults, not only parents but also servants, and particularly nursemaids and governesses, take toward children is an important factor in making them feel inadequate. The thoughtless and indifferent attitude of parents frequently subjects the child to ridicule and humiliation. They would not

think of ignoring the presence and questions of servants as they ignore the child. Adults ordinarily looked upon as being well-mannered and exhibiting, with those of their own age, a kindly consideration for the feelings of others, are often quite indifferent when in the presence of children. That the child is humiliated, angered, and bored by such treatment is apparently beyond the comprehension of adults, and that the child should accept the idea that he is relatively unimportant and that his own self-regarding sentiment should be damaged apparently never occurs to them. That such an attitude of adults toward children would make the child feel inferior is perfectly obvious, when the matter is given any consideration. The fact that these relationships are so general, and involve so many people, and are constantly changing, permits them to pass by unnoticed; but the mere fact that they are vague and not well defined, in no way lessens their importance. The following case is an excellent though pathetic example of a civil war carried on within the home.

Edward, a little chap, two and one-half years old, was sent to the clinic from the nursery school with the following statement, "He has a bad temper, is always fighting, strikes and slaps other children without provocation, always wants what his brother has and fights for it."

The home life of the two youngsters was found to be unhappy and chaotic. The mother and father were always quarreling; both were said to be impulsive and quick tempered.

It appears that Edward, the younger boy, has always

been "mother's boy"; while his older brother, Charles, has been the father's favorite. At the nursery school, the older brother seems to be very sensitive and extremely quiet; he is absolutely obedient and more polite than other children. At times he is troubled with enuresis and stammering. The mother's story, however, is quite different. She claims that Charles is bossy, domineering, always wants his own way, is jealous of the younger brother, has a violent temper, and sometimes bites other children. She further states that he has an intense fear of her and when she "explodes in anger" or threatens to punish him, "his legs actually shake."

When the mother's attention was drawn to the discrepancy in the descriptions of Charles' personality, she said that the picture she had given us was "only true when he is having ill turns," and that usually he was extremely timid and never asserted his own rights; that "Edward will knock him down and walk all over him and Charles never makes any resistance whatever." She also said he was extremely affectionate and liked to be petted; and was afraid of the dark, where he "sees things and people."

In the examining room the child seemed very quiet. He had a marked hectic flush, and breathed through his mouth because of a profuse mucous discharge from both nostrils. There was enlargement of the adenoids and tonsils and of the cervical glands. The lad was underdeveloped and poorly nourished. He was immediately referred to the medical clinic and the mother was asked to return in ten days.

The family was living with the maternal grandmother because the father did not provide for them. We learned from the grandmother that there are two distinct factions in the household. The younger child, pugnacious Edward, is lined up with the mother against the father and timid Charles. Owing to the father's work during the day and his pursuit of pleasure at night, he spends but little time at home. Consequently, Charles is left pretty much alone to fight his own battles. The mother has been the protector of Edward, and he has learned from experience that he can tease and torment his older brother without fear of retaliation. Charles undoubtedly has learned that it is the better part of valor to succumb to the inevitable torments of his brother, rather than to raise the wrath of the mother. So, day by day, the younger lad has become more domineering and pugnacious, while the older boy has become more subdued and submissive, only occasionally turning upon his brother and at such times biting and scratching in a crude, instinctive way. This is not mere speculation, but is borne out by the fact that Edward has improved rapidly since entering school, where he has less opportunity for manifesting his arrogant, domineering ways without punishment.

There are two important points brought out in this case: the one, concerning the effect of environment on the development of personality, and the other, concerning the importance of certain types of symptoms in making a prognosis.

The question is constantly brought up that, if environment is such a tremendous factor in the develop-

ment of personality, why is it that two individuals coming from the same environment should be so diametrically opposite in character and disposition? This case brings out the fact that it is not the environment as such that counts, but the mental atmosphere of the environment. Here we have two brothers with the same social heritage, for whom the mental atmosphere of the home was entirely different. One lived an absolutely sheltered life, basking in the affections of an oversolicitous mother; while the other lad was living a life of torture, being subjected to the torments of the younger brother and to the persistent reproaches of the mother. It is not difficult to understand why these two children should have developed entirely different personalities, one characterized by a domineering pugnacity and the other by submission and a feeling of inferiority.

With reference to the second question, the prognosis is always discouraging when the personality defect is of a kind demanding that the individual retreat from contact with humanity. It deprives the individual of the opportunity of developing new interests outside of himself. It takes away the necessity for an effort at social adjustment and gives him time to build his life in fancy as he would have it. The person who is normally aggressive and who remains in contact with the herd, has always before him the opportunity of learning life's lessons through experience and the necessity for adjusting himself to the demands made by society.

There are many other conditions and environmental situations that play an important part in the feeling

of inferiority which so many children experience. The child who is physically handicapped, who perhaps is suffering from the residuum of an old infantile paralysis, which has left one arm weak or partially paralyzed; who is said to have a bad heart and, therefore, must be limited in his activity; whose vision needs to be adjusted by glasses; the lad who is poorly nourished, underweight, small in stature, or in fact has any other physical defect, is often put in a position where his inadequacy becomes tremendously exaggerated by his attitude toward it. It may be true that he is not quite so efficient on the physical side as the average child, but a large percentage of his incapacity is brought about, not by the disease or physical infirmity itself, but by the attitude that other people take toward it, which he accepts at its face value.

Mental handicaps operate in identically the same way, although the mental handicap may be only an apparent and not a real deficiency. For example, a child of ten years of age may find herself one or two grades behind in her school work. This means that she is grouped with younger children, and is often the object of considerable comment. A history of the child's life, supplemented by psychological examination, often reveals the fact that we are dealing with a perfectly normal child; but, on account of illness, or perhaps owing to the fact that the parents have been moving about, thus necessitating many changes of schools, the child has fallen behind. If such a child begins to entertain the idea that her failure to keep up scholastically with her mental age is due to an

inferior intellect, she soon becomes discouraged, later disinterested, and finally despairs of accomplishing anything along intellectual lines. On the other hand, if steps are taken to convince her that she has a perfectly good set of tools, which she has not had an opportunity of using to the best advantage, her attitude toward intellectual endeavors becomes one of interest and enthusiasm; and we find that under the proper environmental conditions, she soon makes up what she has lost.

The child with an average intellectual equipment, who has the misfortune of having to compete with a superior brother or sister, who is constantly finding himself being compared to the superior individual, and always to his disadvantage, is not likely to develop ideas of his own importance. Parents often feel that by playing one child against the other, they awaken the pride of both children and spur them on to activity; but what invariably happens is that the superior child gets an exaggerated idea of his own importance, often becoming domineering and egotistical, while the other child becomes bitter and resentful because of his jealousy, and reacts to his feeling of inferiority in a way that works out not only to his disadvantage, but also to that of the family.

A child who lives in a household with a father who is cold, stern, and forbidding, whose criticism is continual and invariably flavored with injustice, is very apt to feel inferior.

There are certain habits that children develop which in themselves probably have little effect on the ultimate physical or mental development of the child, but which

are of paramount importance because of the attitude the child himself develops toward the habit. Enuresis and masturbation are the two most important habits of this kind. Parents who, in their efforts to overcome the habit of masturbation in the child, subject him to dire threats and severe punishments, or paint pictures of the physical wreck, the moral degenerate, the feeble-minded, and the pervert he is likely to become, may, if the practice continues, do the mental health of that child irreparable damage. It is not infrequent to find in adolescent and adult life individuals who blame all their failures on this habit.

Love, interest, pride, and fear are all normal emotional reactions for parents to experience in relation to their children, yet any one of these mental attitudes may become so exaggerated as to defeat the purpose for which the parent is striving, namely: to develop through training, education, and example, an individual who is adequately qualified, physically and mentally, to compete in the world at large with his fellows, who need not be continually asking favors, nor be haunted by the fear of failure. Such an individual must be equipped with habits of thought and action that give him a feeling of confidence, independence, and self-reliance; in other words, a sense of security. In order to develop this ability, he must have reached the stage in his biological development where he is no longer dependent on parents, either for love or protection. His own activities must no longer be limited by their worries, anxieties, and fears. In the process of reaching this stage of complete emancipation from parents

it may be necessary for the parents psychologically to push the child away. The tendency, however, is for the parents to restrain and protect him, making this emancipation very difficult. The dependency that children have on parents, and their inability to break the emotional bond, is one of the outstanding causes of the inferiority complex in adolescence. This process of emancipation must be started at an early date, and can be carried out only with the coöperation of parents. A simple guide and check on whether or not the child is developing this sense of reliance and independence, is the inquiry whether his emotional age is keeping pace with his intellectual development.

The parent who is feeding the child at three, dressing him at five, taking him back and forth from school at eight, will probably find considerable difficulty in getting the child to break away to spend a vacation with friends or to attend a camp at twelve. These are all evidences that the child is not living up to his mental age. There are many other environmental situations which play an important part in the child's inadequacies and failures in life. Parents who are too busy, too lazy, or perhaps emotionally unstable, contribute little to the child, except a bad example to imitate.

Inferiority in children may express itself in many different ways; there are, however, four outstanding methods that the child uses to meet his difficulties. He may assume an air of careless indifference and make an attempt to hide behind what he calls the persecutions and injustice of others. He comes home from school and gives his parents many reasons why he has

not been able to stand well in his class, but all these reasons will be colored by his feeling that he has not been given a fair deal, that the teacher doesn't like him, and the other children are her pets. In sports and games with other boys he assumes the same attitude, accounts for his inability to compete in their activities on the grounds that he is not given a fair chance, and goes on to tell what he might have done if the opportunity had presented itself. This paranoid type of personality is not uncommonly seen in adult life. In every office, factory, shop, and college is the man who is constantly blaming the world for his own failures. It is a process of self-deception which takes away the unpleasantness of meeting reality.

Illness or incapacity is another method that the individual, who feels inadequate, often utilizes. This subject will be more fully discussed elsewhere. It is sufficient to say here that we often find children who are unable to meet the problems of their everyday life, developing various symptoms that have no organic basis.

The method of retreating from reality by day-dreaming and phantasy, in order to obtain pleasure and satisfaction, is frequently met with. This is what one author, I believe it is Kirkpatrick, speaks of as "passive enjoyment rather than active effort." In his day-dreams the child has the opportunity of visualizing himself in unusual and spectacular situations. There is no limit to the choice of pleasures and successes in the life of phantasy. The fact that it prevents the individual from making an honest effort, from meeting

his difficulties and overcoming them is, in itself, demoralizing.

Tommy was brought to the physician by an overwrought foster-mother because of stammering, which was a problem of great concern to her and her husband. An important and interesting aspect of the case was Tommy's apparent sense of self-assurance, his intolerant attitude toward those whom he looked upon as inferior, and his precocious intellectual interests.

Until five and a half years of age, the child seems to have had a normal life. He had the usual children's diseases, made ordinary progress in the development of useful habits, had a pleasing personality, was not particularly self-centered, and was considered a good playfellow by his friends. At this time he developed an acute infection, which resulted in some damage to his heart. He required almost absolute rest for eighteen months; and during this period he was continually under the supervision of his mother, a well-educated woman, who took this opportunity to teach the boy. With an excellent intellectual equipment, a good teacher, and intensive application without outside diversions, he progressed very rapidly, getting ahead of the boys who pursued their school work in the routine way. At seven years of age he had sufficiently recovered, so that he was again able to carry on without any restrictions upon his activities. In the class room he was immediately conspicuous for good work and was sent ahead a year almost at once.

But on the playground, competing in games and out-of-door activities, in making friends and getting on

with other children, he had his troubles, as might have been expected after having lost these contacts for two years. At this early age, he would have soon overcome this handicap if it had not been for the fact that the parents never got over the solicitous attitude they developed during his illness; so that whenever Tommy found competition on the playground too keen, he would rush back home to receive consolation from his mother. Here he was understood. She would tell him how much more important it was to be keen intellectually than strong physically and in this way she encouraged him to further develop his intellect in order to compensate for his inadequacy along physical lines. Naturally these intellectual achievements did not entirely satisfy the boy. They were, to be sure, a source of consolation, when he failed in other pursuits more normal for a boy of his age. So he struggled on, attempting all the time to make a place for himself. He formed a club on one occasion with the idea of getting a group of boys about him who were interested in astronomy, religion, and history; but he tells in a pathetic way that they soon became more interested in wild-west games, athletics, and fighting, than they were in the idea of the club. So one by one the members dropped out, until he was left alone. Tommy confided, however, that he intended to take his sister into his club for he could make her do as he wished.

As the boy grew older, between the years of eight and ten, he developed a real fear of boys. He would play only with those who were smaller and those whom he knew he could "lick." When he saw a strange boy

and there was a chance to avoid him, he would cross the street or turn around and go in the other direction. With such an attitude toward those of his own age, his intellectual compensations did not make him happy. He got but little comfort from the fact that he was reading the Bible for the second time and that reading history and biography was his recreation. So Tommy at ten is not only without interest in the interests and amusements of a boy of his age, but he is quite intolerant toward them. He sees no reason why anybody else should be interested in such things. Already he is looked upon as being eccentric, a little queer, and something of an intellectual exhibit, which satisfies his ambitious foster parents. One can only speculate as to his future but it is likely he will be one of those lonely individuals cut off from social intercourse by their own eccentricities, who are always protesting against the present order of things. This is the type of person who is always right, while the rest of the world is wrong. Tommy is an unhappy victim of environmental conditions over which he has no control.

The last, but perhaps not the least frequent way that the child utilizes, when he has failed to "put himself across" in a social sort of way, is to turn toward delinquency. Here he may find an opportunity of getting a certain amount of momentary satisfaction in outwitting his fellows, or, perhaps, leading another group, who also feel inferior. The point of importance to the parents is that, just as there are many causes for this feeling of inferiority in children, so it may express itself in many different ways. This state of mind may

be but a passing reaction to some apparently unimportant failure.

Whatever the causes of feelings of inferiority in children may be, they are worthy of the most careful consideration in our efforts to overcome them; for much of the unhappiness and inefficiency of life has its basis in the feelings of inadequacy that children develop at a very early age, which are perpetuated by the attitude of some adult member of the family or perhaps by a teacher or a domineering playmate. The earlier the parent recognizes a tendency on the part of the child to develop any undesirable personality trait the more easily it may be overcome. It is the plasticity of the child's mind that makes it possible to mold his personality; and this plasticity diminishes rapidly as he advances in years.

CHAPTER XIV

PERSONALITY CHANGES FOLLOWING ILLNESS

THE reaction of the individual to his environment is described in terms of conduct. When any change takes place, either in the individual or in the environment, one may expect the behavior of the individual to be altered. Illness and injury play strange tricks with one's personality.

Long-continued illness in adult life may result in the patient's becoming bitter and resentful, an irritable, disagreeable, faultfinding person, and a burden to those who are responsible for his care. In another individual, afflicted in the same way, the effect on the personality may be entirely different. Not infrequently many of the finer traits, heretofore entirely unsuspected, such as patience, sympathy, and a kind consideration for others, are brought forth by sickness.

Illness and accidents, which are so common among children, usually affect the child's attitude toward life. These changes in personality are usually of short duration; yet there is danger of undesirable traits becoming firmly fixed during this period.

Parents usually attribute the child's irritability, selfishness, and domineering tendencies to the illness itself, and pay too little attention to the part that changes in the environment contribute.

The fact that one's feeling tone and responses to

life in general are affected by one's physical state of well-being is so much of an everyday experience to us all, that it needs no further comment. Most of us, however, are less aware of the effect that environmental situations have on our mental attitude toward life. It is not surprising that the child's response to his environment alters as the environment changes.

Let us consider for the moment some of these changes that take place in the child's relationship to other members of the household when his health becomes a matter of concern to the parents.

Prior to his illness he had always been a healthy, happy, care-free boy, who battled along with the rest of the world, asking and receiving no particular consideration. His identity had hardly been established in his own mind. He was part of a group; one of the family. There were certain inconveniences, to be sure, in this relationship, but it was inevitable. It interfered with carrying out many of his natural inclinations; it required him to conform to rules and regulations. The group was dominated by the parents who made what seemed to be many unreasonable demands. One had to be cleanly, polite, punctual, orderly, industrious, and many other things which apparently meant a lot to grown-ups, but not much to children. It appeared that one should not be inactive or what was commonly called lazy. On the other hand, one's course had to be charted within very narrow limits because too much activity, accompanied by the dreadful thing called noise, met with disapproval. Invariably, he found the things really worth taking

time to eat were forbidden, while the virtues of carrots and spinach and milk seemed worthy of perpetual praise. There were always errands and chores to be done just at the most inopportune times. For some reason unknown to the boy, industry, thrift, and obedience seemed to be particularly well nurtured by Saturday's labors. The older children in the family always had the most interesting tasks assigned to them. Often it fell to the lot of this particular child to entertain the younger children, while the mother performed what she termed the drudgery of the household. But in spite of these irritations, and others too numerous to mention, the child carried on without any well-defined grievances toward the world. Fortunately children do not spend much time philosophizing about life; its joys and limitations are accepted as a matter of course. It had never occurred to him that he might occupy a more important place in the family group. He had never dreamed of being the dominating member of the household.

Suddenly and quite unexpectedly he is taken ill, or knocked down by an automobile. He is rushed home or to a hospital and he awakens to find himself "monarch of all he surveys." No longer is he just one of the children; he is the sick child. His parents no longer focus their attention on his annoying, irresponsible ways. They endow him with the virtues of the saints. Grieved by his suffering, worried by his illness and anticipating the worst, they patiently await his recovery. If it happens that he has been in a hospital, they can hardly wait to take him home. They

often feel that the doctors, nurses, and attendants have been indifferent. They find it impossible to understand the calm, unemotional attitude these medical people have had toward their child and they await the day when he may be taken home to receive the proper care and consideration he deserves.

The day arrives and he returns to quite a different world from the one he left; one that he may dominate and disrupt, if not handled wisely. It is but natural and human, and as it should be, that parents should become deeply concerned about the welfare of their children. True, it may be that the anxiety is often out of all proportion to the seriousness of the situation; but when we are dealing with emotional reactions that is invariably the case.

It matters not whether the child has been cared for at home or in the hospital. In either case, the period of convalescence is one during which the entire household revolves around him. Invariably the other children are instructed to give in to the ailing member. Every want is anticipated and his demands, however numerous and varied, are satisfied at the earliest possible moment. He is in a position to commandeer everything, not only within his reach, but oftentimes within the scope of his imagination; and in return nothing is asked of him. He is not held responsible for his irritability, tempers, or selfishness. He finds it unnecessary to present excuses for his undesirable conduct; this is done by his parents. Never before has he enjoyed such power, never has he found himself in such an attractive situation, never before has he been

allowed, let alone encouraged, to throw aside all inhibitions. It is, therefore, not surprising that he clings tenaciously to his newly acquired position of power, and gives up with great reluctance the means and methods that he has utilized so successfully to get his own way.

Frank is a good example of the effect that a change in the child's family relationships has on his personality.

Frank, a lad of nine years, was brought to the clinic with the story that during the past three months he had become very restless, cried easily, had a twitching in his arms and body muscles, was very irritable, flew into tempers, and could not sleep at night. These characteristics had appeared after the boy's return from a hospital, where he had been treated for two weeks after being knocked down by an automobile. His mother also said that he was very surly, always had an ugly expression, seldom smiled, appeared unhappy and discontented, acted as though he wanted to be alone, and that recently the boys have begun to call him "empty head." The mother's immediate problem was whether she should follow the advice of the lawyer and sue for damages. Fortunately, her primary interest was in the recovery of the lad.

Inquiry brought out the fact that, after the accident, the entire routine of the household of seven children began to revolve around this boy. Every whim of his concerning food was gratified; the other children were notified that they must give in to all his wants; all of the toys were his to use or reject, as he saw fit. For the first time, this lad found himself in the limelight, a

situation that was naturally not unpleasant to him; so that he had every reason to desire the continuation of the effects of the accident.

After a careful physical and neurological examination had been made, in coöperation with the mother it was planned to change the entire regimen and to restore the old way of give and take and battle for what could be gotten from the other children. In one month, the mother reported that the child was happy, contented; played with the other boys; had lost his sullenness; was getting on well in school; and showed no sign whatever of the personality change that had occurred at the time he first came under observation.

We know of no more difficult situation in which the parent is placed than that of having to decide between what is best for the child and what is best for his illness; especially when it appears to be perfectly obvious to the parent that, for the moment at least, the treatment best suited to the one must necessarily do harm to the other. For example, there is the child who is fussy and finicky about his food, and also restless and wakeful. The doctor has told the mother that he must have nourishment and he must have sleep. She accedes not only to the demands of the child but of the doctor as well to feed him, to rock him to sleep, and to lie down with him at bedtime. Another child, during the period of convalescence, makes numerous and unreasonable demands of the parents, which, if not granted at once, lead to crying spells or severe tempers, often causing a rise in temperature. Naturally the mother is perplexed as to whether she will discipline

the child and aggravate his illness, or cater to the illness at the expense of the child.

Children who are sick or convalescing are entitled to special consideration. They are less stable emotionally, more easily annoyed and irritated, more likely to be unduly sensitive and easily hurt; yet one must not lose sight of the fact that the most difficult part for the child who is going through this stage of rehabilitation from illness to health, is that of giving up the special privileges, seeing them fade away one by one, of losing his position of supremacy and power and the feeling of importance that went with it. He has become very dependent on the solicitude and sympathetic attitude of those who have been watching over him; and now they are spurring him on to pick up his burden where he laid it down, and to carry on like a man. There is even a real conflict between the desire, on the one hand, to get well and enter again into competition and to take up his old responsibilities; on the other hand, the temptation to assume a passivity which will allow him to indulge in the protection that illness gives.

This situation is well portrayed in the case that follows:

James, aged three, was referred to the clinic because of a personality change first noticed on his return from the hospital, where he had been confined with diphtheria. He was quarrelsome, had frequent temper tantrums, during which he threw himself on the floor and kicked and screamed for long periods. At night he refused to go to bed unless accompanied by his mother, and occasionally he had night terrors. In

addition, he showed much capriciousness about food and had the habit of soiling himself daily.

This boy's birth and early development were uneventful, except for the above-mentioned diphtheria and a mild attack of scurvy when he was a year old.

The father, although occasionally irritable, was, on the whole, a generous and considerate man and an excellent provider. The mother was a well-meaning woman but highly neurotic, and unstable, who had many superstitious interpretations of the simplest incidents. She had lost an older boy through diphtheria and had not fully recovered from her sorrow—a fact which had considerable bearing on her present condition. Besides a younger brother, there was in the household the maternal grandmother, who interfered greatly with discipline. According to the mother, the grandmother "would turn the house upside down to please the children, as she hates to hear them cry."

Before the boy's illness, his mother had not noticed anything peculiar in his behavior; but since his return, she had observed a decided change. He was sullen, irritable, seclusive, and unreasonable. He expected more than his share of attention and went into a tantrum, if it were not forthcoming. He went to the window every night before retiring and, looking upward, bade good night to God and his older deceased brother—a practice that his mother considered uncanny and unexplainable. He had not been permitted to play with the other children in the neighborhood, because of his peculiarities and because none of them were near his age. The mother complained that it was impossible

to get the child to remain in the bedroom alone before going to sleep; he begged her to remain with him to make sure that there were no wolves outside the door. He had a constant fear of wolves entering the room.

On his first visit to the clinic the boy refused to leave his mother or to permit her to enter the examining room without him. When she left he flung himself upon the floor and remained there in a rigid state until her return. She picked him up and allowed him to bury his head in her bosom simulating a nursing child. He later began to pout and talk in a babylike fashion but refused to speak to the examiner.

The intellectual equipment in this boy was about average. He had an intelligence quotient of 88.

This is a case which would impress one superficially as having all the essentials of early mental aberration, if one's conclusions were based entirely on the mother's interpretations, without further analysis of the situation. But indications that the mother regarded as being highly ominous were really nothing more than would be expected in a child of this particular make-up living in such an environment and under such influence.

The mother, grief-stricken over the death of her son who had died while the patient was convalescing, attempted to compensate her loss by indulging the patient to an unlimited degree. Everything began to center around him. He was the one attraction in the house, and all the members of the household exhibited their joy at his recovery. The child saw himself in this prominent and not unpleasant position; and it was not

long before he took full advantage of it by making numerous demands, which the family readily granted.

At one time, a maid had been employed in the family, who had nightly threatened the child with a wolf story before he went to bed. She utilized this story in an attempt to hasten him to bed, and always warned him to remain in the room, lest he be captured by the wolf. This bit of information revealed the origin of his fear of wolves.

It had been the grandmother's privilege to get the child ready for bed. She would undress him, hear his prayers, and, before putting him to bed, take him to the window and have him bid good night to his deceased brother, who, she explained, was watching over him with God. When the development of this particular practice was explained to the mother, she no longer looked upon it as being a strange procedure.

The success of the treatment in this case depended upon the mother's acceptance of modern methods of dealing with the child's problem. After a short psychotherapeutic talk she was found to be most willing to carry out the treatment in detail.

A chart was given for food capriciousness, and measures were taken to allay his fears. He was no longer to assume the rôle of invalid, but was to take his place in the household on an equal footing with his brother.

In a few weeks his mother reported that he went to bed unaccompanied, no longer talked about wolves, and had earned his complete quota of stars. His marked aversion for milk had been overcome and he

drank it unprotestingly with every meal. The family were leaving for a summer resort, where it was hoped he would have a wider scope for his activities and an opportunity for more contacts with children of his own age.

The first and most fundamental step in attaining health, happiness, and efficiency, is that of facing reality—meeting life as it actually exists. If barriers are to be crossed, problems solved, obstacles overcome, and important issues settled, they must all be met openly and frankly. Minimizing or exaggerating the difficulty of certain tasks to be performed are both common processes of self-deception, a habit that many individuals begin to practice at an early age and utilize to their disadvantage all through life.

There comes with illness the opportunity of laying down responsibility, and children often learn from their association with adults how headaches, vomiting, and various kinds of spells will create undue concern; and we find them capitalizing these symptoms either consciously or unconsciously. It may be pure imitation, a way of gaining attention, or, what is more common, of being relieved of some unpleasant task.

The necessity for excuses to explain failure in the home, on the playground, or in school, may lead to the development of neurotic symptoms which are exaggerated and kept active by the oversolicitous attitude of the parents.

Children are very apt to imitate the attitude of adults toward their indispositions. If the mother is cross and irritable and constantly nagging when she is

indisposed, the child, quite naturally, associates bad temper with illness. If it is generally accepted in the household that father is cross when he is tired, the same attitude may be expected of the children under similar conditions.

In the handling of undesirable personality traits that manifest themselves during any acute illness or after an accident in childhood, the first thought should be that the change in personality is due to the disease or the injury. High temperatures and fractured skulls must always take precedence over psychological causes, and physical and chemical processes that might account for these changes must be eliminated by careful physical examination and laboratory tests. We must, however, bear in mind the fact that only a limited number of these personality changes will be due to the illness *per se,* and that the radical change that usually takes place in the environment and in the attitudes of those with whom the child has to deal during his illness and convalescent period, is a factor worthy of careful consideration. The sick child must necessarily receive special consideration; but there is considerable danger of the parents making illness so attractive to the child that many motives for not getting well will be created. The child's illness should not be discussed in his presence, nor in hushed tones just beyond hearing distance. The child should not be allowed to feel that sickness entitles him to the privilege of dominating the rest of the household. There is invariably more danger of spoiling a good disposition through letting the child go undisciplined, than of aggravating his illness by

making him live up to the rules and regulations of the household.

Parents through example can teach children how to carry their burdens in a sportsmanlike way. How to meet failure courageously and to face the task at hand in spite of the fact that fear weighs heavily. The individual who is well adjusted to life is not necessarily the one who is immune from all of life's perplexing problems, who never has to meet fear, failure or adversity of any kind; but the individual who has developed habits and character traits so that the difficulties of life can be met openly, frankly, and courageously, without compromise or self-deception. Many of life's conflicts are not capable of solution; circumstances and conditions exist that are beyond the power of man to alter. These conflicts are not of unconscious origin, but stare us frankly in the face at every turn. We must live with them, make them part of our lives, digest and assimilate them. Such problems as sickness, death, thwarted ambitions, a childless marriage or no marriage at all, irreparable mistakes of either word or deed, cannot be remedied by priest or physician. They are a part of those who are called upon to bear them. Whether these burdens are shouldered with courage as they come along will depend on the methods we acquired very early in life.

CHAPTER XV

HABIT SPASMS AND CONVULSIONS

HABIT spasms are frequently found in children. They are spasmodic muscular movements affecting any part of the body, but usually involving one particular group of muscles of either the upper extremities or the face. Blinking of the eyes, raising the eyelids, wrinkling the forehead, puckering or sucking the lips, and various involuntary movements of the nose, are some of the more common habit spasms, or so-called "tics." The muscles of the neck, shoulders, and arms are affected at times; but the facial grimaces are most common and most annoying to parents. Spitting and coughing and peculiar breathing, due to spasmodic contraction of the diaphragm, are also occasionally observed.

These mannerisms are extremely difficult to treat, as one might surmise from the frequency with which they are observed in adults; and there are no well-defined therapeutic measures that are effective for combating them, once they have become firmly fixed. There is some reason to believe that defects or disease of that particular part of the brain which has to do with muscular coördination is, in part at least, responsible for the chronicity of these habits. However that may be, we do know that they are greatly exaggerated by emotional stress and physical fatigue,

and that one or both of these factors are often present when the first symptom appears. They are commonly found in school children who give a history of prolonged mental activity: the child who has to work hard in order to just make the grade, and who is, perhaps, carrying heavy burdens outside of his school curriculum—music and dancing lessons or tutoring—in addition to a long journey from home to school on the electric cars or by automobile, which often necessitates getting up early and going to bed late; in brief, a routine which entails mental and physical stress beyond the limits of safety for the child.

The following cases illustrate the effects of both emotion and fatigue as causative factors in producing these tics.

Donald was a well-developed boy whose bony framework and muscular system were at least two years beyond his ten years of age. On account of his size and general physique he found himself competing in sports and outdoor activities with boys two or three years older than himself. He was one of those unfortunates who is picked up by the older boys and made a great deal of, but who has to make heroic efforts to keep up with them. His nervous system showed indications of instability during early life. He had three convulsions—one associated with teething and two others during an attack of whooping cough. These convulsions, although not important in themselves as he has had none since, are an evidence, however, of his nervous instability. Just after entering school, at the age of six, he had what was probably a mild attack of

chorea (St. Vitus' dance), and was kept home from school for two weeks, during which time he made a complete recovery. For the past four years he has enjoyed good health except for the fact that he is very likely to stammer whenever he gets unusually fatigued. During the past year the boy has been carrying a heavy schedule at school for one who has only a fair intellectual equipment. Besides two sessions at school, he takes music lessons twice a week and dancing lessons once a week. During the week-end, he sells the *Saturday Evening Post* for pocket money, and each week he attends a meeting of a boys' group. He is a regular attendant at Sunday school, where the lessons have to be prepared. His particular interest, however, is baseball, in which he is absolutely absorbed. Every spare moment is spent in practice. His enthusiasm gets him up early and sends him to bed late at night.

A short time ago he began to stammer constantly and much worse than heretofore. This was followed by facial twitching, blinking of the eyes, and marked irritability, which was quite foreign to him.

Fortunately the child was seen just before his spring vacation, so that it was not difficult to arrange a program for him without interfering with school work. He was immediately put to bed for absolute rest for six days, after which his hours of sleeping were increased from nine to thirteen. Music and dancing lessons were stopped; his athletic activities curtailed, but not cut out entirely. With these limitations the boy carried on in a perfectly satisfactory way.

As has been said before, these conditions should be looked upon as a medical problem and, therefore, should be under the direction of a physician. Many cases of apparently the same type are due to causes quite different from fatigue, perhaps an infection that needs treatment. Children are sometimes endowed with a muscular system and a driving force which makes demands upon the nervous system that are excessive; such was undoubtedly the cause of Donald's trouble.

Emotion was the important factor in the following case:

Nora was six years old and always considered a normal child. A few months ago she became very much frightened by seeing a real, living, walking, talking Santa Claus for the first time at a Christmas party. She cried two or three nights following the party, sleeping very little and disturbing the entire household. She asked few questions but appeared to be worried and anxious. Just one week after the Christmas party, she developed a marked twitching of the shoulder muscles which lasted only three or four days and disappeared after the child was intelligently reassured and the Santa Claus myth straightened out in her own mind.

Elene, a little girl of ten, had an unfortunate sex experience with a boy fourteen, which was practically an assault. The episode was followed by severe spasmodic twitching of the legs, which lasted only a few days after she was seen by a physician.

These few cases are stated briefly to indicate a few

of the varied and unforeseen environmental situations that may act as the precipitating factor in developing these muscular twitchings and tics. If they are treated early and wisely many of them are of short duration; others continue and become habits which are extremely difficult to cure, frequently because they are utilized more or less consciously by the child to serve some purpose in his scheme of things.

These spasms should always be looked upon as a medical problem; for there is danger that the parents will confuse habit spasms with other symptoms of nervous instability that have very definite physical causes. As soon as the symptoms are recognized the child should be given a complete and absolute rest in bed. He should have an abundance of food and fluids, free elimination, and hot tub baths two or three times a day. Every effort should be made to determine whether the child is under any particular emotional stress, as mental conflicts are quite as important as the physical fatigue. After the active symptoms have cleared up, it is then necessary to reconstruct the child's daily routine, so that he will be kept well within his mental and physical limits and be able to store up a reserve of nervous energy to meet some of the more difficult situations in life.

The habit often appears to the parents to be within the control of the child. This, naturally, increases their annoyance and it is not uncommon to find them meeting the situation with constant nagging, reprimands, or even punishment, on the basis that what they are doing is for the child's welfare. These measures

are not only useless but they are unjust, and invariably make a bad situation worse. It is the child who needs treatment and not his symptoms.

Although convulsions in children are rarely looked upon as a habit, it is a fact that the child who has had one or more convulsions, often receives special consideration from parents, which, in itself, presents a new problem and is often the first step in establishing a relationship between parent and child that makes training extremely difficult. The convulsion is always an alarming symptom to the parent. It is such a spectacular display of purposeless muscular activity, with facial contortions, loss of consciousness, often followed by a period of coma, that the parents, seeing this spectacle for the first time, are horrified; and it is difficult to convince them that the child is not in imminent danger of dying. It is, therefore, not surprising that most parents are willing to make any concession and to forego disciplinary measures that might tend toward a recurrence of the convulsion. It is these concessions and the fact of not being subjected to the same rules and regulations as the other members of the household, that soon make the child feel he is a privileged character. Herein lies the danger, for as soon as children become aware that they are looked upon as being different, they begin to capitalize this difference as a way of gaining their own ends and avoiding difficult situations.

Annie had suffered for about three months from whooping cough; her paroxysms of coughing have been severe and often followed by vomiting. On one oc-

casion she had a "slight convulsion." These symptoms were most alarming to her parents, and every possible consideration was given to her during her illness; discipline was suspended and the child was permitted to have practically her own way in everything. The acute symptoms subsided and the child was considered well by the physicians at the hospital; yet at rather frequent intervals the paroxysms of coughing would return and with the attacks all the anxiety of the parents and their special attentions. The mother was quite aware that the attacks were likely to come on when the child was crossed or denied something she wanted and at times when punishment of some sort was impending. However, she was still living in fear that Annie might have another convulsion; so she continued to give in to the child. The negative physical history for seven months after the onset of the acute infection and the rather typical story of the usefulness of her paroxysms, led us to believe that it would be perfectly safe for the mother to ignore a few of these attacks and, after they were over, to see that the child was isolated or kept from participating in amusing activities. It was not necessary to do more than ignore the first attack, which occurred the next day after her visit to the clinic. It was the last; the child appreciating that they would no longer serve as a means of gaining attention or getting out of unpleasant situations.

Some facts about the frequency and importance of convulsions in children may be of value in helping the anxious parent in handling this problem in a way

that will work out to the advantage of both the child and the parent.

Convulsions occurring in children prior to the fourth year are relatively common. Research on this subject indicates that about one child out of ten has one or more convulsions during this period. Convulsions in children may occur without any existing or precipitating cause that either the child or the parents can determine; but often they are associated with acute infections, particularly those that are ushered in by high temperature, gastro-intestinal disturbances, teething, sunstroke, and trauma. Children who have rickets often have an associated condition known as tetany, of which the convulsive phenomena are an outstanding characteristic. Intense emotional experiences after the age of three occasionally act as the exciting cause of the first convulsion. Fright is by far the most common cause in this particular group.

In dealing with children, the convulsion must always be looked upon as a symptom and not a disease; and every effort should be made under careful medical supervision to determine just what the underlying pathological condition is that is causing the convulsion. Many of the convulsive phenomena which might have responded readily to treatment, such as those associated with rickets and chronic constipation, if allowed to continue, may go on and develop into one of the chronic convulsive disorders seen in adult life. Exact explanation of why this should be so is not clear, even in the minds of those who have given it the most thought.

The fact for the parent to remember is that a convulsion in a child is important. It should not be minimized or passed over lightly; it demands the highest type of medical attention. A convulsion must be looked upon as evidence of an unstable nervous system, and should be treated as such.

Children as a group are subjected to diseases and experiences and conditions in general that are very much alike. Ninety per cent of children meet these situations without convulsions. It is only the ten per cent that are unable to withstand the average amount of stress and strain who need attention at the moment. A convulsion in a child does not necessarily mean that he has an inferior type of nervous system. It indicates that his nervous system is highly organized—more sensitive, if you will—and responds more readily to stimulation. As these children grow older, all the evidence tends to indicate that they become more stabilized; for in only a relatively small percentage of cases do convulsions of childhood persist in adult life.

During this process of stabilization, however, certain precautions should be taken and an effort made to prevent these children from being wrecked upon some of the shoals that we know to be dangerous. The child should be under the care of a physician who has already eliminated, through careful physical examination and laboratory tests, those pathological conditions of which the convulsion might be but a symptom. The child's diet, sleep, and elimination should receive particular attention. These children

should not be forced in school, nor allowed to carry too many outside duties.

Consider them for the moment as belonging to the constitutionally unstable group of children, and measure with some degree of care the burdens that they may be permitted to carry. The foregoing precautions, in themselves, would not be difficult to carry out if it were not absolutely essential that, in our efforts to protect the child, we do not allow him to become too much concerned about his own bodily health. It may be necessary to tell him perfectly frankly that certain precautions are necessary; but every effort should be made to prevent him from feeling his difference too keenly and building up his life around his illness. It takes all the skill, ingenuity, and diplomacy that the wise parent can muster to make certain allowances for the unstable child on the one hand, and on the other hand to guide with intelligence, firmness, and fairness, the development of the child's life so that his innate unstable tendencies shall not be exaggerated. The incapacitating thing about convulsions in childhood may not be the convulsions themselves, but the attitude that the parent has toward them, which will invariably be imitated by the child.

The personality of the child should not be sacrificed in order to avoid a possible convulsion. The child should be subjected to the same disciplinary measures as other children in the household. So far as possible, he should be allowed to participate in games and sports and should in no way be made to feel this difference. The general measures of hygiene and cer-

tain limitations that seem wise must be introduced so tactfully that they will not be associated with illness, or at least with the particular illness with which the parent is so much concerned.

CHAPTER XVI

DELINQUENCY

Stealing

HONESTY is acquired, not inherited. It is a character trait upon which society places great value. When one violates the property rights of others he is invariably held to a strict accountability. In the moral code of most individuals there is an acknowledgment that it is not right, that it does not pay, that it is fraught with danger and penalties, to violate the moral and legal laws, that make the appropriation of other people's property a crime.

In spite of the appreciation that we have of the danger that lies in not establishing in children this character trait, which we call honesty, as parents we often neglect to take seriously certain habits and tendencies that manifest themselves at an early date, and invariably lead to dishonesty. If the child is not trained to differentiate within the family group that which belongs to him from that which is the property of somebody else, it cannot be expected that he will be more discriminating outside the home. It is not always made easy for children to determine just what their personal belongings really are. So much common property is used indiscriminately by every member of the family that it is not surprising that they

become confused. This is particularly true when we take into consideration that in many children the instinct of acquisition is strong, and they have an ever present inherent tendency to lay claim to whatever suits their fancy.

In the process of acquiring experience, the child soon learns that many things are forbidden, but the reason why they are forbidden, and why unpleasant consequences follow if he succumbs to his natural inclinations to appropriate these forbidden things, comes very slowly and gradually. So that, early in child training, fear of disapproval and punishment are perhaps the only motives that deter young children from stealing.

This natural disregard that the child has for the property of others should not be passed over lightly; the parents offering such excuses as, "Of course, we don't consider it stealing when Johnny takes things belonging to me or other members of the family," as one mother said of her eight-year-old boy. Another mother was quite indignant when she was told that taking food or pennies, even at six years of age, was considered pilfering. A third mother acquitted a juvenile offender on the grounds that, "He does it in such a cute way, and he is so unselfish, and after all you cannot expect a child so young to understand what he is doing." It is unfortunate for the child that parents permit themselves to be so deceived. Parents should face the situation frankly and appreciate the fact that, since the child has developed mentally and socially to the point where he is capable of differentiating his

property rights from those of others with whom he comes in contact, violation of these rights will bear the ugly name of stealing outside the home, no matter how lenient the parents may be toward it. It is therefore essential to the welfare of the child that he be given the opportunity of learning that pilfering is something more than disobedience and must be treated as such.

At the earliest possible date he must begin to grasp something of what we mean by the social code called honesty. This is best accomplished by first respecting the child's rights to his own personal property and giving him entire jurisdiction over it so far as possible. His clothes, toys, books, savings, and even the time that has been allotted to him should not be disposed of without his consent. He should, of course, be encouraged to share his toys with others, but they should not be confiscated by the adults of the household if he claims the right to keep them for himself. The constant demands that we make upon children to give up their toys to a younger member of the family or to a visitor, perhaps taking it away from him if it does not please his fancy to part with it at that particular moment, may be very baffling to the child. He had regarded that particular thing as belonging to him. In our efforts to make him unselfish, we may confuse him about the matter of property rights, if he is forced to give up what is his own. It is not unlikely that he will be making the same demands on those with whom he comes in contact.

Children are dependent upon the environment in which they live for their moral attitude towards life,

just as they are for the language they speak or the clothes they wear. Wherever we find the tendency on the part of parents to disregard the rights of others, to treat lightly the obligations they have assumed, to avoid meeting everyday situations openly and frankly, we will find the children adopting the same attitudes.

Often parents find it easier to minimize the asocial tendencies they see in their children than to take the time to understand and correct them. They may treat the undesirable conduct in what they consider an appropriate way, but all too frequently they fail to investigate the underlying cause of the misdemeanor, and therefore leave it to produce similar difficulties at a later date.

When we take into consideration the fact that all the fundamental strivings of the child during early life are directed toward satisfying his own ego—that is, he is seeking pleasure, power, and position—it is but to be expected that appropriation of whatever is within his reach should begin early and be one of the most common asocial activities.

Long before the child is able to understand why he cannot have everything within reach, he can be trained to respect property as a matter of habit and learn that any violation of this rule must necessarily be looked upon as disobedience. It is unfair to the child to overlook the fact that pilfering is a dangerous habit, because it so frequently works out to the advantage of the child, for the moment at least. It is utilized to gratify so many desires that otherwise would remain unfulfilled. Then one must consider, too, that there is

usually a thrill for the child in the act of pilfering itself. It gratifies the sense of power, of being able to "put it over" on somebody else. There is satisfaction in the accomplishment of the act.

These general considerations are of value in helping to establish habits tending toward honesty, but in spite of careful training, parents are often surprised and deeply humiliated to find that one of their children has been caught in the act of appropriating somebody else's property. Often such conduct begins at home, the child taking food, candy, or small amounts of money, or it may be that some neighbor reports that after Johnny's visit things of trivial value have been missing. The desks at school, the counters of the Five and Ten Cent Store, are fruitful sources of temptation and often lure the child whose acquisitive instinct has been overdeveloped.

However the first offense takes place, invariably the parents are tremendously upset. "Completely dumbfounded," "Shocked," "So humiliated that I will never get over it," are some of the expressions they use in trying to explain their feelings toward the child's misconduct. Just why these intense emotional reactions occur is a little difficult to explain. The child's action may bring up through association some of their own early experiences, in their days of youth and indiscretion; or, perhaps, they are not thoroughly honest themselves, like the father who was "absolutely dumbfounded" to find his child stole, but who was sailing along in his own business activities just within the law. But with most of us, it is the fear of humiliation

and disgrace, which we feel the delinquent act is going to bring upon the family, that troubles us. Whatever may be the cause, his emotional reaction often unfits the parent to deal with the problem in an intelligent manner.

There are many unwise ways of meeting this situation, but the following are the two most common. One group of parents are shocked into a sublime state of being so offended with the accusations that have been made against their son, that they stand up and defend him against all the logical evidence presented to show that he is the guilty party. They dare not investigate the matter with an open mind and with the idea of determining the facts. The easiest way for them to solve the problem is to deny its existence. The second group are so overwhelmed by the fact that they have a son who is already a thief at six or seven years of age, that they resort to the most drastic measures and try to make the whole experience as humiliating as possible for the child. Over and over again, the lad's misdemeanor is put before him and no opportunity is lost to impress him with his weakness. He is never allowed to forget his one great sin.

Nothing is to be gained by approaching the problem of pilfering, either in the spirit of a prosecuting attorney or of a lawyer defending his client. The attitude of the parent must not only be that of one searching for the truth, who is interested in the facts, but also of one who is deeply concerned with the cause, with the motive, as well as the act itself.

Stealing may be an end in itself. The child may see

some particular thing that he desires. He may appreciate fully that neither he nor his parents can afford it, or that it is something forbidden, or perhaps unattainable, as far as he knows, except by theft; or that, perhaps, it is attainable, but that he will have to wait and save his money in order to buy it, but he finds it difficult to postpone the desire of the moment, which he feels must be gratified. So, after careful consideration, and frequently with ingenious planning, he appropriates the coveted article. If his first attempt to satisfy his wants is easily gratified in this manner, and he is not detected, he may use this particular method to meet many of his needs and in time develop an attitude of indifference to the property rights of others. Only a small proportion of the juvenile offenders belong to this group.

Stealing is usually only a means to an end and the things children steal are not really the objective that they are trying to attain. The stolen article is only the instrument that is utilized to reach the desired goal, or, the mere act of stealing and the emotional situation associated with it may be the end in itself. Stealing in this group of cases is a real psychological problem, for often the underlying motives are quite unconscious to the child. This, however, is not always the case, for frequently well-laid, premeditated plans are necessary for success.

Let us consider for the moment some of the common motives for stealing and the purpose it may serve in the life of the child. What are some of the emotions that have been thwarted and blocked by the environ-

ment in which the child lives, that may be satisfied by this type of delinquency?

Mary was an apathetic, physically unattractive, poorly nourished girl with only a moderate intellectual equipment. She had been taking things from the desks and pockets of some of the pupils in the school that she attended and the evidence indicated that this had been going on for two or three months. Even before the subject of stealing was broached, she volunteered the information that she was not guilty. The subject of stealing was ignored for the moment, and she discussed freely her home and school life, her interest, her likes and dislikes, and an effort was made to establish a pleasant relationship with the child with no intention of taking up the matter of her delinquency on the first visit. She was about to leave the examining room when she broke down, and said, "Nobody likes me, I don't know why. The girls don't like me—they knock me down and tease me. I stole only from those who tease me and from those I don't like."

In this particular case, stealing was Mary's way of getting even and served as only a rather crude instinctive reaction of striking out and getting revenge on those who had hurt her by their teasing and ridicule. She would destroy or hide the things she took, indicating that although only six years of age she appreciated keenly the significance of her acts. She knew quite well what happened to other people who stole, and associated theft with policemen and jails. She had a very definite fear of being found out and was quite ingenious in concealing her acts. Revenge was a motive

for stealing in Mary's case and it is often used as a means of "getting even" for some actual or fancied wrong.

The solution of Mary's problem was found in better home care, more nourishing food, and more attractive clothes; a chance of starting school in a new environment, where she was not looked upon as being different; and a little extra help in her school work.

Jealousy as a motive for stealing may operate in such indirect ways that it will often be overlooked unless the situation is carefully studied. One girl caused not only her parents but her neighbors considerable anxiety because she appropriated articles belonging to other children, usually wearing apparel from the cloak room at school, trinkets from the desks, and on two occasions, when the opportunity arose, things from their homes. It was significant that she always took things belonging to children, never adults, and that she never made any attempt to use anything she had stolen but invariably destroyed it.

The study of this case reveals the fact that whenever the other children got new toys, clothes, or trinkets, this child became intensely jealous and would plan to steal or destroy them.

Many a child gets into the habit of stealing because it is part of the activity of the gang with which he happens to be associated. Often the child, or frequently the gang, is not concerned about the things they steal or even what they may be exchanged for. To this group stealing is a game. It is putting their wits against the other fellow's, and if it succeeds they re-

joice in the accomplishment. It gives them a sense of power and achievement. Such thefts are often committed by a group of children with subnormal intelligence. They have been cut off from achievement along more social lines. Usually the child and the gang can be helped to direct their energies toward activities that will be not only social but satisfying. The earlier we recognize that these children are not bad or vicious and necessarily doomed to a criminal career, but that they are simply floundering around, trying to find some outlet for their pent-up emotions, the more we can do for them. However, in the group of cases just discussed, where stealing is only a means to an end, we must keep in mind that any type of activity that is constantly repeated is apt to become a habit and that the stealing may finally become an end in itself.

The feeling of inferiority, which so many children entertain at some time during the first ten years of life, is often met by dishonesty.

Henry, a boy of eight, with a good family background, both parents being college graduates, suddenly began to steal money from the family, using it to purchase candy and other delicacies which he distributed among his boy companions. Here we have a boy whose intellectual, social, and athletic abilities were very much overshadowed by his superior and rather arrogant brother, who was constantly teasing and humiliating him. In athletics especially, the boy was not as efficient as most boys of his age. For this reason he often found himself without companionship. He learned, however, from experience, that temporary popularity

might be established, in a measure at least, by supplying the group with a few luxuries—what was called treating them generously. In order to do this he resorted to theft. The separation of this rather inadequate boy from his superior brother by sending him to a summer camp, and explaining the situation in detail to the director, did much for this lad. Starting in with the group, unhandicapped by his brother and by his reputation for being inadequate, he made a very satisfactory adjustment to camp. He was not looked upon as being different and he tried and accomplished many things that he had felt unable to do heretofore. He returned home with something to contribute and a place was made for him in the group.

Sam was a fine, manly chap, eight years old, with an excellent intellectual equipment, who committed his first theft in order to avoid the humiliation of being denied the privilege of going with the other boys to get their milk at recess time. It happened that his mother, a hard-working, conscientious woman whose husband had died a few years previously, was making a heroic struggle to keep together a family consisting of the patient and his two sisters, one older and one younger than he. It seemed a bit more than the mother's limited finances would permit to allow Sam to have twenty cents a week with which to buy milk at school. The boy not only needed and wanted the milk, but he was deeply humiliated when, at the recess period, all the other boys except himself and two others left the classroom to get their milk.

This was the situation which tempted him to plan to

steal five dollars from his mother's pocketbook. He had the bill changed and gave the two other boys who were in the same situation twenty cents each to buy their milk, keeping the same amount himself and secreting the rest of the money at home. His presence in the group buying milk was noticed by the teacher, who reported it to the mother. Meanwhile, the mother discovered her loss. Upon being questioned, Sam immediately admitted the theft and returned four dollars and forty cents to his mother. He appreciated fully the nonsocial nature of his act and the consequences which might follow if that type of conduct became a habit.

In the school that *Tommy* attended much interest was taken in what was called "the thrift movement." Children were encouraged to save their money and bring all they could to the school bank. On the blackboard the teacher listed the names and the amount that each child had saved. On account of the economic situation at home, Tommy was always at the bottom of the list and, although nothing was said to him personally, the class as a whole was encouraged to be more thrifty and so to increase their savings. In Tommy's anxiety to comply with the teacher's wishes and get his name moved up from the bottom of the list, he began to pilfer small amounts of money and to contribute every cent to his savings account. He soon, however, became too ambitious and was caught in the toils of the system that had encouraged his thefts. The teacher became suspicious of the size of Tommy's contributions and reported to the family.

Obviously the school system should protect the child as far as possible from being humiliated by his economic situation in life. Some plan should be provided for those who cannot afford milk; thrift, although an excellent trait to encourage, may be carried too far if unwisely managed. In our attempt to develop thrift we do not want to encourage thefts. It is frequently not the idea that is at fault in these coöperative schemes, but the way they are administered.

Occasionally one finds stealing associated with some mental conflict, especially those concerned with sex. Such situations are too involved psychologically for parents to handle wisely by themselves. There is often associated with such habits as masturbation, a rather marked depression and a sense of degradation, causing the feeling that nothing is worth while and that there is nothing to lose by one more delinquent act. Children who have vivid sex phantasies often find a certain relief in the excitement associated with stealing.

The solution of such problems must necessarily be delegated to those trained to handle them.

Occasionally, we find some altruistic motive leading the child into difficulties as it did in the case of one lad of ten years of age, who stole five dollars from his mother. A few days later he told her he had obtained a job as errand boy after school hours. For an entire week he came home each evening just in time to meet his father and have supper with the family. At the end of the week he turned in five one-dollar bills to his mother, with a great deal of pride in the idea that he was helping to support the family. A short time

later the mother discovered her loss and the fact that the lad had not been working. When questioned he confessed that he had taken the money and had it changed into dollar bills. His only reason for the act was his desire to imitate his father and contribute to the support of the household.

There can be no standardized treatment for any condition that has such a variety of causes as stealing. In dealing with this problem, as with other problems concerning the conduct of children, the important factor is to determine what purpose the stealing served in the emotional life of the child and then to make an effort to help the child meet this particular emotional striving in a way satisfactory to him and acceptable to society. Whether the stealing is simply a means to some goal toward which the child is struggling, or whether it is an end in itself, it should always work out to the child's disadvantage. That is, parents must see to it that the theft fails to serve the end for which it was intended. No effort should be made to minimize or cover it up either for the protection of the child or the parent, although no effort should be made to humiliate him. He should be encouraged to face his problem frankly.

If he has stolen from a store or a neighbor's house, he should return the article taken and apologize. If it happens that he cannot make restitution in that way he should make up the value in money, which it may be necessary to take from his allowance or bank. This should be done in the way that will impress the child most, which will depend upon the type of child with

which we are dealing. If the money is to come from an allowance, it should not be in such amounts as to pauperize the child, which in itself might encourage further thefts; but it should inconvenience him and necessitate his going without certain things that he could have had, if it had not been for his delinquency. Do not allow the person from whom he has stolen to be so touched by his apology that he will tell the boy he need not make restitution, for that sets a bad precedent and gives him the impression that after all his act was not very serious. It is equally important not to impress the child with the idea that you, as a parent, no longer have confidence in him. If it happens that he has been keeping back change after doing errands, when the affair has been settled and a plan has been made to meet the situation, that is sufficient punishment for that particular offense; and it would be unwise to make the child feel you did not have enough confidence in him to allow him to carry on as before. Neither is it well to play strongly on the child's emotions, making heroic endeavors to impress him with the fact that it has been a terrible blow to his father, or that his mother has been crushed by his terrible act. Such moralizing has but little effect after he has heard the story once. It is much better to meet the problem on the basis that it is not fair to play the game that way; that it is not being a good sport; that it is like cheating in competition with the boys; and, further, that it does not pay and one cannot hope to make friends and be happy by so doing.

If stealing is a reaction to jealousy, or feelings of

revenge, or a blind effort to find some satisfactory outlet, these situations must be met as a fundamental problem of which the stealing is only a symptom.

The two cases following indicate that an unwise attitude on the part of the parents may do much to precipitate these undesirable habits.

A boy of seven years, living in a foster home, began stealing before he was five years old. He was not particular what he appropriated but preferred money—anything from pennies to five-dollar bills. He seemed to get a great deal of pleasure and satisfaction from the adventure itself; in fact, short-changing his parents and cheating the storekeepers, when he was sent on errands, were favorite pastimes. The foster-mother did not take seriously his petty thefts until he finally stole five dollars. She found considerable amusement in telling, before the boy, how he had cheated a storekeeper, and was likely to excuse his delinquencies on the ground that "it was born right in him." It is true, to be sure, that the hereditary background was poor. His father was spoken of as a "worthless character," and little was known of the mother except that she died when the boy was two years of age. The foster-mother was oversolicitous, "bending over backward," so to speak, in her efforts to be kind and just to the lad, and she excused the results of her poor training by her belief that "nothing could be expected of a boy with parents like that." This fatalistic attitude toward the undesirable habit, coupled with her lack of appreciation of its future significance, made the prognosis, even at the early age of the child, very grave.

There is no reason to doubt, however, that this boy, had he fallen into more intelligent hands, might have developed, in spite of his bad heredity, a social code to serve him in good stead in later life. Under the existing conditions, one might write with a fair degree of assurance the future history of this lad's career, which undoubtedly will be highly colored by his delinquent traits.

Another boy resorted to stealing merely as a means of adventure. He was finally apprehended after climbing in one of the windows on the street floor of a large apartment house and secreting himself in the closet. During the examination he stated, "My mother thinks I do these things because I got hit in the head," referring to an accident which he had two years before, and went on to say, "But that's not the reason. I do it because I want these things and I want to get money to spend." The boy ordinarily would have been quite satisfied to allow his injury of two years before to account for his delinquency, as his mother insisted upon doing, but it so happened that at the time he was being interviewed he desired to appear as a normal lad and not as the victim of a disordered brain.

There is little cause for alarm on the part of parents regarding petty thieving in children if they meet the problem openly and frankly and do not permit their emotional reaction to the situation to upset them completely.

Parents who keep in touch with the daily activities of their children will not allow any habit to gain much headway before they become aware of it. The earlier

these undesirable tendencies are recognized and treatment is instituted, the more quickly and permanently may we hope to establish desirable habits. It is the parent who comes to the clinic or the office and tells the physician that Mary or John has been doing this or that for two or three years, "but I have just found it out," who is obviously neglecting the job of being a parent. Equally harmful to the child is the type of parent who recognizes the problem but has not the courage to face it. Intelligence, interest, and frankness are all essential, if the parent is to teach the child to be honest.

Lying

The development in the child of an attitude of honesty toward facts is, in a general way, the same as the development of his attitude toward property rights. Lying is often associated with stealing, although it often exists quite independently. Many of the psychological situations, such as a feeling of inferiority, that one child would meet with lying, another child would react to by stealing. Honesty toward facts, as honesty toward property, is acquired and not inherited. It is acquired through imitation, through training in how to recognize facts and to become acquainted with truth, and through not being placed in situations where too high a premium is put upon deception.

If the child is brought up in an environment where truth is held in high regard, where promises are invariably kept or carefully explained if they cannot be carried out, where parents are not always dodging un-

pleasant situations by obvious excuses, where truth and honesty are practiced as well as preached—then, under such conditions, it is natural for the child to adopt acceptable standards of truthfulness. On the other hand, if the child is constantly hearing the veracity of one parent questioned by the other, if he sees his mother getting out of unpleasant social obligations by pretending illness, if he becomes a party to parental deceptions by being told that he must not tell mother this, or father that, if promises to him are made generously but broken frequently without explanation, if he is deceived and cheated in his dealings with adults, we have no reason to believe that under these conditions he will learn the value of truth or have any incentive for practicing it. The child should be impressed by his daily contact with those with whom he lives that truthfulness is expected, that the family has a moral standard, and that it is part of his routine to live up to it.

There was no reason why a mother should have been surprised or perturbed when her child spent for candy a nickel that had been given her as carfare for a visit to the dentist and told her nothing about it. It was only a week before that this same mother had told the child that she was going on an automobile ride and then had taken her to the dentist. One finds that at a very early age a child is quite capable of differentiating fact from fancy and that one of the first important needs in the development of honesty and integrity is conduct on the part of those with whom the child comes in daily contact that he can safely imitate.

Another mother in order to avoid meeting frankly an unpleasant situation, caused considerable trouble in the household by telling her four-year-old boy that his grandmother, who had just died and to whom he was very much attached, had gone to New York. From the children in the street he found out that she was dead; but being dead, to the child, simply meant being put down in a hole in the ground. The child blamed the mother for doing such a cruel thing to the grandmother, became very resentful and antagonistic, which lasted over a period of months, completely upsetting the household without any one being aware of just what the difficulty was. (See the case of *Joseph,* p. 171.)

Imitating parental attitude is, of course, not the only reason for untruthfulness. It is, however, a common cause, which operates early in the life of the child, and one that might well be avoided.

We often find children bolstering up their own self-esteem by elaborating and exaggerating some situation in which they played a part. Such fabrications often have some slight basis in fact, but more often they are created to "put the child across," to keep him from being passed by and entirely ignored. This type of fabrication is likely to be found in the boy or girl whose resources are few, who has but little to contribute to the group with whom he or she comes in contact, yet who has yearnings toward accomplishing something worthwhile. Through the products of their imaginations, these children transfer themselves from a life of boredom and failure to one of thrills and success. Such

innovations are not really lying, but phantasies, or wishes unfulfilled.

The treatment for this habit of fabrication is to direct the child's attention to honest effort. Such children need much encouragement and directing. Their endeavors must be directed toward tasks that are within their capacity, so that they will be rewarded by success.

In dealing with fabrications that have no basis in fact or that serve no apparent, useful purpose—that is, the so-called products of daydreaming—it is neither necessary nor desirable to make the child admit the lack of reality in his dreams. It is much better simply to impress him with the fact that you, as an adult, are taking it for granted that he is making up an interesting story which amuses you as any story might and that the possibility of accepting it as truth has never occurred to you. There is less danger in encouraging these make-believe stories in children, if they are given to understand that you accept them as such, than there is in trying to inhibit them by constantly denying their existence or by punishing the narrator. Such punishment is apt to increase the romance the child derives from his stories, fill him with self-pity, make him introspective, and drive him further away from reality.

On the level of consciousness, and bearing no relation to phantasy, are the tales of children who exaggerate with the idea of making themselves interesting, or interesting others in the things they have seen and heard. This type of lying is found very often during the adolescent period. The tales told are of such a

nature that they frequently cast reflection on the narrator, and although absolutely without foundation, they hold the attention, and if the occasion demands, get sympathy from the interested audience. These children do not hesitate to tell of sex experiences, drinking, and oftentimes stealing in order to attract attention. If it is sympathy that is demanded, they will fabricate about deaths in the family, as did one girl who had the entire school taking up a collection for a floral gift after she had told a pathetic story of the death of her father.

The interesting thing about this group of fabricators is that the sympathy, attention, and particular favors that they receive are all quite within the ability of the individual to gain in a social way. Fortunately, fabrications of this type do not last over a long period, as these young people learn that they do not work out to their advantage.

Lying will invariably be resorted to when the child has to face punishment. Punishment that is constant, severe, and frequently out of all proportion to what the situation demands leads to lying as a means of protection. This fact needs no comment other than the statement that frequently the punishment itself defeats the very purpose it was meant to accomplish. Many children use lying impulsively as an instinctive way of protecting themselves from disciplinary measures, especially when the corrective measures are unjustly severe or when the child realizes that being honest and frank will not be considered a mitigating circumstance.

One does not mean to imply that punishment should

be discarded entirely just because the child tells the truth, but he must learn from experience that being truthful pays, just as he must learn that there are certain penalties attached to misdeeds and that merely to acknowledge indebtedness does not pay the debt.

Evidence of misdemeanors should be gathered from sources other than the child. He should not be called upon to testify against himself. If this is done, it is to be expected that he will present the best possible case and will resent conviction brought about in this way. There is a practice among some parents of forcing children into situations where lying will invariably follow. This is obviously not only an unwise, but an unjust practice. The child feels that he has been forced into a lie and is not only humiliated but resentful. It is very much better for the child to feel that he makes a free choice of truth or falsehood, but he should be made to learn from experience that he is most unlikely to lie successfully, and that the attempt to do so is always going to work out to his disadvantage.

Parents who claim to have an intelligent interest in their children will say, "We forced him into a downright lie," "We caught her lying," "We have ways of cornering him." These expressions all indicate that the parents might well spend more time in training their children in proper standards, thus avoiding lying, than in catching them, cornering them, and convicting them after the lies have been told. The third-degree method of wearing children out, either by punishment, or by working on their emotions, has no value whatever

in developing truthful children. The father who goes at his boy by saying, "John, I know you have been lying to me, I know the whole truth of the matter. Why don't you confess like a man and not add lying to the rest of your bad conduct," will probably put the lad in a defiant mood where the truth will come out hard. It is a much better approach to say, "John, I hope you will never find it necessary to keep anything from me that might be of assistance to me in helping you. I am sure there is something you have on your mind. When you feel like it, let's talk the matter over together; my experience may be of value to you." The exact words must be modified to suit the child's age. The point is never to force confidence and not to demand it.

A tendency to deceit is often fostered by parents who worry over it, attempt to verify every statement the child makes, and force him into a corner from which, it seems to him, there is no escape except through lying. Such a situation is illustrated by the case of a lad of seven years of age being treated for enuresis, who had been advised to drink less before going to bed. For some time he deceived his mother by going to the sink, apparently to wash his face, while at the same time he managed to swallow considerable water. He would take every opportunity to convey to his mother the wrong impression by his actions and he lied whenever he felt it would work out to his advantage. Although the mother was endeavoring to bring up the lad to be honest and upright, she was much worried lest he might develop after the same moral

pattern as his father, who had deserted the family about the time the child was born and who was said to have been immoral, alcoholic, and absolutely untrustworthy because of his lying and deceitful ways. The danger lay in the fact that the mother, because of her extreme anxiety, was prone to see deceitfulness in many situations in which the boy was involved when it really did not exist. She tried to verify every statement and held him to strict accountability for the slightest deviation from the truth.

Parents need not be concerned about children who fail to stick closely to the truth in their effort to relate facts. It takes a long time for the child to differentiate fact from fancy; and there is much confusion in the child's mind introduced from the outside by adults. Daydreams, like imaginary playmates, sometimes play a very useful part in the life of the child. We must appreciate that children have fewer outlets for the expression of their emotional lives than we adults have. They have many hopes, desires, and ambitions that can only be expressed in their own world of fancy, a so-called dream world. We cannot prevent them from thinking about these things, and it would not be well if we could. It is much better and healthier, from a mental point of view, if they are allowed to express them.

Daydreams of children never work out to their disadvantage if they are discussed freely. It is only when they become an end in themselves, when they lead the child away from the realities of life, and become all-absorbing and too self-satisfying, that they are a

menace to the child. Let us not be intolerant of children's fancies. They often mean something very definite to the child. The parents who cannot be bothered by listening to what they consider trifling, unimportant things in the child's life will probably never have the opportunity of being bothered by their real problems. Our task is to help children to differentiate fact from fancy and to recognize the truth and its value. Then we may rest assured that they will not use untruth to dodge reality or to serve some malicious purpose.

Truancy

Truancy in itself is not a serious problem. It is often but the result of the spirit of wanderlust that prompts children to venture forth and investigate what lies just beyond forbidden limits. Tempted by the lure of new scenes, new faces, and new experiences, they journey on unmindful of time or distance; thrilled by the prospect of a real adventure. Those less courageous and less daring children, whose imaginations are not easily stimulated by the prospect of exploring the strange and new, and who have a certain timidity about the unknown, will never become truants. Only those children who value experience more than they do security will be so tempted.

Philip found in truancy many interesting and often thrilling experiences; and it is not difficult to explain why his parents, teacher, and even those who were concerned with his particular problem to the extent of trying to build up a more interesting environment at home, had difficulty in accomplishing the task.

He was only five years of age when brought to the clinic by his mother, who said that it was absolutely impossible to keep him from running away unless he was tied hand and foot. He had gone off so many times during the past year and wandered so many miles that he was known about the neighborhood as "the runaway." He would start off in the morning and journey by foot, or pick up rides, to some suburban town and would invariably report to a policeman, or go directly to a police station stating that he was lost and wanted to go home. Some provision for transportation would usually be made at once. Occasionally the parents would be notified to come for the boy. In any event he would be taken back home without any discomfort to himself.

Philip was a well-developed and well-nourished lad with a pleasing smile and delightful manner, a little shy and diffident at first; but as he got acquainted he talked freely of his home life, his associates, and of the numerous trips he had taken. He spoke also of his father "beating" him for running away, but he apparently took this as a matter of course—just part of the price of his adventure.

In quite a precocious way, and as though he were imitating something he had heard before, he said, "I love the green grass and the water. I do not like the narrow, dirty streets where I live."

On further investigation we found that the lad had a friend in practically every policeman in the neighborhood, and some of those who were stationed at remote places remembered Philip well. They were all very

friendly while he was truanting. We also discovered that he had another rendezvous, which was at the office of the reporters of one of the local papers. With this group Philip was also a favorite, and they, too, contributed generously to his support.

Everywhere he went, he made friends and was provided with entertainment. He was looked upon as being quite a fellow, and it was not long before he began to enjoy these companions. Their appreciation of him was in marked contrast to the drab, uninteresting home setting that he left. Under such conditions it is not at all surprising that Philip's truancy increased. His absences from home no longer lasted a few hours. Often he would start out in the morning and not return until midnight, occasionally staying away all night. He became so well known in the suburban districts that he no longer had to report to the police stations, but would be picked up and detained or sent home. His familiarity with the police made absences from home over long periods of time more difficult.

It is perfectly obvious why this rather precocious, keen, curious, adventurous type of personality should fail to find satisfaction in the home environment. That his first truancies were so successful undoubtedly accounts for their continuation. The fact that he was attractive, that he made friends easily, that he was naturally happy and cheerful made his path easy, and under these conditions, it is not to be expected that he would give up these pleasures. Even had his home been less unattractive, had his mother been more intelligent and his father less alcoholic, it would have

been extremely difficult to build up an environment in the tenement district that could in any way compete with what he found outside.

The surprising thing is that there are not more truants, that there are not more children who venture forth seeking for an environment that is more satisfying to their emotional needs. It is undoubtedly because, mingled with the desire for new experiences, is a sense of fear, a feeling of insecurity, the unpleasant feeling that fills one with doubts and misgivings of just what is to happen next. Few children, or even adults, are capable of ignoring entirely their desire for security in order to seek experience.

It is extremely difficult for the overcrowded, hot, foul-smelling, poorly ventilated and lighted apartment in the slums of our large cities to compete with the fresh air, blue skies, and sense of space and freedom that come to the child who can reach the parks, the fields, the shores of the river, the lake fronts, or even the city streets; and there is not much to attract the active, interested, imaginative boy who finds himself tied up to a nursemaid or a governess behind the iron grillings that surround so many of the homes of the well-to-do.

The environment of the child who has inherited, or acquired, the traits that made men like Amundsen and McMillan must be made unusually interesting, or he will desert it and seek his thrills wherever he can find them. He may have no well-defined grievance against what he is leaving nor any clear idea of what he is seeking. He responds to a force within him that bids

him to move on. I know of nothing to do in these cases but to make every effort to lure the child to the home and the immediate environs by demonstrating to him how interesting it can be made. Facilities, such as boys' clubs, the Young Men's Christian Association, neighborhood houses, and playgrounds, should all be utilized; and what is of greater importance, the parents should occasionally venture forth with these children, so that they may have a personally conducted tour of the world outside.

Stories of adventure, although offering some danger of inducing truancy by stimulating the child to imitate the heroes of these tales, often supply in a satisfactory way an emotional outlet that the child has been seeking by truancy. The type of truancy just described is often a reaction to a perfectly normal emotional demand.

Children sometimes resort to truancy as a way out of a difficult situation. The child who is failing in school, and who finds in this failure much humiliation, may do anything to avoid school. The thought of having to recite, of having to get up and look blank or admit that he does not know, or hear the teacher scold and the other children giggle, is far more painful to the child than the prospect of punishment for truancy.

A similar situation exists in the home when the child who has committed some misdemeanor anticipates punishment. The fear of this punishment is often a very important factor in making truants out of many children. Punishment that is severe, often brutal, handed out with maximum intensity, is obviously a

strong motive for keeping the child away from home, where punishment awaits him.

The child should be instructed as to where his play life is to be confined, and an effort should be made to give him intelligent reasons why it is necessary for him to keep within these limits. Until he is old enough to grasp the idea clearly, some method of confinement must be arranged—either strict parental supervision, a fence, or some mechanical obstruction in the forbidden path. It does not take the child long to learn the disadvantage of going beyond the forbidden limits.

When he is old enough to know exactly what is meant by the instructions, punishment of some sort must follow violation of the parents' commands. This may be a period in isolation, or being deprived of some privilege, foregoing the pleasure of having some desired toy, or simply the manifestation of the disapproval of the parents; anything to impress upon the child that his disobedience has not had a satisfactory ending.

The problem of truancy is not large or serious. It is only mentioned in passing to give some idea of its causes and how they may be met.

CHAPTER XVII

SEX

MANY of the mental conflicts and abnormalities found in both adults and children are either directly caused or colored by unfortunate attitudes or experiences connected with the ever present force called sex. There is no force in the entire mental life that is more urgent in its demand for some form of expression and none to which society, the family, and the individual will allow less freedom.

It has been commonly taught and believed that suddenly and mysteriously about the age of puberty, the individual becomes conscious of his sex life. The folly of such ignorance is pathetic and the results frequently irreparable. Notwithstanding the fact that certain physiological changes occur at this time, the instinctive forces of sex have been operating since infancy. There is no way of knowing the fears, the doubts, the misgivings, and the mental anguish experienced by the child that are brought about by the struggle carried on, alone and unaided, to solve this baffling, secretive, ever tabooed subject of sex.

Perhaps there is no shoal upon which so many young lives are wrecked, and not infrequently ruined, as that of ignorance pertaining to sex hygiene. Too much stress cannot be laid upon the importance of unfolding these vital truths in the proper way, at the proper time,

and through the proper person. This instinct, second to none in its strength, needs to be guided, directed, and inhibited to meet the demands of society. Therefore, the need for intelligence and control, the two great stabilizers of instinct, become apparent. From what source and at what time shall this much needed information come? The source is obviously the parents, and the time can be judged best by the rapidity with which the child develops. Every one would agree that it shall be before the natural social punishment has been inflicted by ignorant indulgences. No one would deny that instruction should be given before unnatural gratifications of this instinct have led to the formation of habits that undermine the moral stamina of the child by developing a degrading sense of inferiority. Why should not sex instruction precede and eliminate much of the distorted ideas that children begin to acquire as soon as they enter the life of the group? There is no question but that these children will get information, and if it comes from those of their own age it will be misinformation.

Parents will gain nothing by secrecy, except to preserve a partial ignorance; and it will be discovered later that enlightenment has been found and interpreted in the terms of the street. The very fact that sex, as a subject for discussion, is tabooed in the presence of the child accounts for the intense curiosity for the subject that many children develop at an early age. All too frequently, the child's natural desire to be enlightened on this subject, just as freely as on any other, is met by cold reserve, a sharp rebuff, or a dishonest answer

from one who, in all other ways, is a considerate and wise parent. It is, therefore, not surprising that the child soon learns to keep to himself the knowledge he has gained from his own investigations or has gathered from some more sophisticated playmate, and soon becomes as self-conscious about his sex life as the parents themselves.

The child quickly senses embarrassment on the part of the adults, when confronted with his eager questions. Children are quite aware when the parents flush, look ill at ease and shamefaced, as though they themselves had been caught in some dishonorable act. They are not deceived, at least not for long, by the evasive, untruthful answer. There is, interestingly enough, a group of children who get no little satisfaction out of their parents' discomfort, when questioned about sex, and they will use every opportunity to ask some disconcerting question at the most inopportune time. The greater the commotion their questions create, the more interesting the situation is to them. Unfortunately for most children the parents' confusion and embarrassment is shared and they too begin to feel ill at ease and self-conscious whenever the subject is brought up. The child feels that he has done some wrong thing, the nature of which he cannot understand. He knows at least that he has brought about a very awkward and embarrassing situation for both himself and his parents, so that he is determined to avoid precipitating such a situation again. But this determination does not solve his problem, it only increases his curiosity, and gives him a vague feeling of something not being just right

and a determination to find out more about it. He finds he cannot dismiss the subject—it keeps coming up again and again in his mind. It keeps him from concentrating. He imagines much; he is constantly worried; just why he can't tell. He is in a receptive mood to get educated on this baffling subject, wherever and whenever the opportunity arises; but he must not seek the desired information at home. He remembers well his last experience; so, the parent has lost a wonderful opportunity to be of real service to the child—to give him the clear, clean, honest facts about the most dominating force in his whole personality, and about one of the most important problems, which he may have to face any day, ignorant and unprepared. Without knowledge he is unarmed to meet wisely many situations and experiences that may be waiting just around the corner.

Do not think for a moment that, because the child ceases to ask questions, he is no longer interested, or that his curiosity has been satisfied; for such is not the case. You as a parent have failed; fear, false pride, or your own sex conflicts have interfered with your duty. He has undoubtedly found a fruitful source of misinformation from one of the gang, where he not only gets informed about some of the simple biological facts of life, but also gathers up a collection of obscene words, mental pictures, dirty stories, and is initiated into mental sex procedures as well.

He has been diligently seeking and using every means available to find the answer to his question, "What is life?" When we consider how limited the

few facts we know about sex really are, it seems that we should be willing to impart what we know when the child is ready to receive it.

If parents could only meet these questions of childhood with clear, frank answers, suited to the child's intelligence and development, satisfying his interest for the moment instead of emphasizing the matter by "hushing the child up" and telling him it is "naughty" to talk of such things, how much pain and suffering could be avoided.

The following case illustrates the successful use of frankness in giving sex information to the child at an early age and anticipating misinformation from playmates.

Rachel, an exceptionally intelligent little girl of six years and eight months, is precocious in her knowledge of sex matters and has very clear ideas about them. By the time the child began to ask questions about sex, her mother had taken several courses in child study and was prepared to be entirely frank in discussing the subject with Rachel. She was told about the birth of babies, but was not satisfied with the simple explanation that the child is formed in the mother's body. She promptly wished to know if the baby grew inside the mother and how it got out. So she was told that the doctor came to help take the baby out. One day she called from her bed that she wished to whisper something to her mother. When her mother stooped down, the little girl said, "What is the difference between boys and girls?" The mother was rather taken back, but controlled her surprise and said calmly, "The only

difference is in their sex organs." Whereupon the little girl laughed and said, "I knew that anyway, I just wanted to hear what you'd say." She went on to tell of having seen a little boy, while staying on a farm the previous summer, and having noticed the difference.

Another time, she overheard her parents discussing the circumcision of her little brother and looking up from her play with a smile, said that she knew what they were talking about. When asked what she meant, she said, "I know what they do to little boys. They do it to make them more healthy, and it's all right for us to talk about it, isn't it, mother?" She talks freely with her mother about everything of a sexual nature that she observes. The grandmother is often shocked, and thinks it is an improper way to bring up a child. The mother feels that any attempt to deceive the child would have a very bad effect upon her. As a matter of fact, before she was told the truth about the birth of babies, she had been given at some time the usual stork story. When the facts were told her, she said, "But you used to lie to me, didn't you? You told me a stork brought them but I knew he didn't." Here is a keen, intelligent child, active and spontaneous, who wants information about life and will certainly get it from one source or another. She evidently feels no embarrassment in discussing these matters freely with her mother.

There is little danger in overeducating the child on these matters. He can only absorb so much at any given age. It is not wise to rush in and give him a mass of details far beyond his grasp. Go slowly and frankly. From time to time, as the questions arise, meet them

with thought and consideration. Don't tell the child fanciful tales about the stork and the doctor's bag, when the new baby arrives; this will soon become an insult to his intelligence. Instead, tell him beforehand, in simple language, that he is going to have a baby brother or sister and let him take part in the joy of anticipation. It is a far greater mystery to the child to hear the stork story than to be told that a baby lives and grows within the mother, that the seed is planted by the father, that it takes nine months for the baby to grow, and that during this time it is kept warm and well nourished by the mother. The contribution that the father makes to the conception of children is of importance to a boy. Such simple facts are easily and gradually accepted.

One of the most hampering things in regard to early sex instruction is the attitude of society in general to such matters. The parents may be ever so careful and may try to give the child a normal, wholesome view of the subject, meeting him frankly and showing no embarrassment. If, however, he makes a slip in public, their thoughtful training may be largely undone.

This was the case of a youngster of six whose mother had recently presented him with a little sister. His parents had confided in him and he had taken part in the preparations and had anticipated in the event with joy. He had a clear but simple idea of where babies came from and had no feelings of shame on the subject. One day, on the porch with his mother and several of her friends, he said quite clearly, pointing at one of the women, "Mother, don't you think that lady

is going to have a baby, too, pretty soon?" The group freely showed their consternation and disapproval. To the little boy, this was a most humiliating situation, producing self-consciousness and diffidence with outsiders for some time afterward.

The child can be taught that such subjects are only talked over with father and mother in private, just as many matters are not subjects of general conversation; but there is danger, however, that the child will associate all matters of sex with those of elimination, unless he is given honest reasons why sex is not discussed freely. Never tell a child that his questions are "bad" or "dirty" or "shameful." If he does ask them at an embarrassing moment, quietly say with no show of emotion that you will tell him all about that later, when you have more time to talk with him—and don't forget you have made a promise to do a very important job.

Children may early develop a sensitiveness in regard to their bodies and a curiosity to see themselves and others nude. Some even resort to tricks of hiding and peeping through keyholes to gain opportunities of seeing members of the household undressing. This is very likely to occur in the household where the parents are overmodest and prudish. Children up to the age of six should be allowed to dress and undress together and in the presence of their parents with an utter disregard for sex or clothing. There is no surer way of creating undue interest in nudity than by making the child feel that it is alluring, or that there is some hidden secret about the human body. There should be no

special interest or attention paid to a nude child. He should not be encouraged, however, to take special interest in his own body nor have his attention attracted to it.

One little girl of three, having just learned the art of dressing and undressing herself, was experimenting one morning. Her mother, finding her in the parlor with all her clothing off, was shocked and because she was shocked, impressed upon the child that what she had done was "naughty" and not "nice," and that people must never see her without her clothes on. The whole matter was overemphasized, the youngster took it to heart, and became sensitive and unduly modest. She would cry if a passing stranger happened to see her at the window in her nightgown; and she lost all pleasure in playing about the beach in her bathing suit, if she thought she was under observation. She has been made so conscious of her body that she is meeting one difficulty after another in regard to the subject, when she should have been spared all such thought and worry.

Another little girl was brought to the clinic on account of her interest in seeing people nude. She was accustomed to secrete herself behind the bed or in the closet or peep through the keyholes and to put many other ingenious schemes into operation to see any of the adult members of the family nude.

Under the crowded living conditions that at times seem necessary in our modern days of apartment life, and high rents, the children are frequently forced to see rather revolting intimacies, which may leave their

scars, although at the time little thought is given the matter. For many reasons, the child should have a room separate from his parents. We little realize how early children begin to take in what is done and said in their presence. If their curiosity is aroused by half-disguised conversation over their heads, they will make it their business to try to learn more and to clear up the mystery. Many a child has "played 'possum' " and pretended to sleep, when, in reality he was listening to all and seeing much that was going on. Often this may lead to brooding and puzzling over the things he does not understand, and it serves no helpful purpose.

Children who have heard much talk of medical matters and operations or have spent time in hospitals and have been subjected to physical examinations, will, in their play, try out on each other things they have heard or seen. If, when youngsters are found indulging in such experimentation, the parents would use this opportunity for a good sensible talk on some problem of sex instead of getting excited over the situation and settling it by administering swift and drastic punishment, it would be of much more value to the child both at the moment and in the future.

Mothers not infrequently say that the habit of masturbation began at such an early date in the life of the child that they are unable to tell just when it did start. Recently I was told by a mother of a year old child that ever since birth, "he has handled himself." These statements bear witness to the fact that the infant is capable of being sexually excited, and in many

cases becomes aware that pleasurable sensations may be aroused by manipulating the genitals and other erogenous zones. This awareness is usually brought about by some external stimuli, such as may occur in giving the child a bath, or the various irritations arising from uncleanliness, or quite accidentally by the rather minute investigation the child makes of his own body, and all too frequently by older children who through curiosity about sex make investigation of smaller children. In certain cases sexual precocity has been deliberately stimulated by irresponsible nursemaids.

I do not wish to convey the impression that masturbation in the great majority of children begins at any such early date; but when it does begin in these immature years, it invariably lasts but a short time, recurring again between the ages of ten and fourteen. During this period it is so common that it is probably quite normal.

There are two important things for the parents to remember with reference to the subject of sex. The *first* is, that frequently at an early age—sometimes as early as the first month and on—children may become aware that certain pleasurable sensations can be aroused by handling or rubbing the genitals, squeezing the thighs tightly, straddling stair rails or chair arms, riding on some one's foot, and in many ways that have been accidently discovered or have been demonstrated to them by other children or unscrupulous nursemaids or attendants. The *second* point to remember is that this early period of what may be called sex awareness

is transitory, unless emphasized by unwise treatment on the part of the adults and should play no more important part in the life of the child than does the early habit of bed-wetting. Little children have no thought of wrongdoing when first practicing masturbation and care should be taken that they are not shamed and punished. Such methods often cause them to become self-conscious, to focus their interest on the episode and does nothing to help them overcome the habit.

Mary's case is an example, a very pathetic one, of how the experiences of parents and their emotional attitudes affect their relationship with their children, and also how not to manage the early manifestations of sex interest and activity in early life. If at eighteen months Mary had been examined physically and her interests had been diverted and directed along other channels, instead of being tied hand and foot, the outcome would have been different. Few parents would do just what Mary's mother did, but many followed her second mistake by thinking as she tied her hands and feet, she could so control her thoughts and fancies by tying these up with ignorance. This method never works out and the time has come for it to be relegated to the place for things to be forgotten. The mother tied Mary's hands and legs, and in spite of this restraint, the child found ways, or at least the mother feared that she did, of continuing her indulgence. As she grew older, other problems arose for the mother to face. Mary began to ask questions about babies; where they came from, who made them, why father was different from mother; but the mother, reacting to her

own emotional experiences of early life, was again much perturbed as to what to do. She put it off, telling her she was not old enough to talk about such things Before she was five years old, Mary began to evidence interest in other children. She was found taking off their clothes and once she was found handling one of the children. Her interest in sex was exaggerated and persistent. Mary's mother had had more than her share of trouble during her lifetime. Brought up in a very wretched home dominated by an alcoholic father and an immoral mother she learned many of life's lessons in ways that were cruel and bitter. Matrimony was not much of an improvement or relief. She found all the combined faults of both parents in her husband, but fortunately was soon deserted by him. Later, however, she married happily and Mary was the first child.

From the mother's past associations with the sordid side of sex, it is not surprising that she was shocked when she noticed that Mary at the age of eighteen months began to masturbate by rubbing her genitals and squeezing her thighs.

In every case where a child is found to indulge in this practice a careful examination should be made to determine whether there is any physical cause, such as irritation, constipation, intestinal worms, local adhesions, or other abnormalities. The urine should be examined for hyperacidity and bacteria which might indicate an inflammatory condition.

The genitals should be kept free from the accumulation of any foreign matter. This entails daily observation on the part of the mother. With the boy, the long

projecting foreskin must be pulled back over the penis and the parts carefully cleansed with absorbent cotton. Equal care must be given to the girl; for local irritation is more often the starting point of masturbation in girls than in boys.

Parents should be sure that the child's trousers and underwear are well-fitting. Too tight or irritating clothing is a source of much annoyance to children and draws their attention to their bodies.

Know as intimately as possible every individual with whom the child comes in contact. Keep informed as to what is taking place when a group of children are spending long periods of time in the barn, basement, or attic. It often happens that a younger child has been initiated into certain sex activities by one of the older children in the family, who has never been suspected. Try to keep yourself in touch with all the activities and interests of your children through personal contact. Know the teachers, the neighbors, and the playmates of your child and, above all things, win and keep his confidence.

Most of these young children are not secretive about masturbation. They do it as openly as they would scratch their heads. In such cases, occupation and diversion are perhaps as useful as any more elaborate methods of treatment, such as physical restraint, rewards and punishment, charts to show achievement, and other things of this sort. If, when seen indulging in this practice, the child is given something to interest him, a book or pictures to look at, or given a definite errand to do, or told a story, his attention will be

diverted from the habit and it often drops into the background and is forgotten along with his lesser interests. Some children, when put to bed at night or for a day nap, may resort to this habit until sleep overtakes them. If such is the case it may help to give the child a well-loved doll or toy animal to hold after he is tucked in at night. With the child of four or five who is outgrowing his customary day nap and to whom sleep comes with difficulty, it may be better to give up the nap and put him to bed earlier at night rather than make him stay in bed when he cannot sleep and so give him an opportunity, unwatched, to indulge in this practice.

Visits to the toilet are frequently events of great interest to children, and it is not infrequent to find that it is only at these times that masturbation occurs.

There is, however, a group of older children with whom masturbation is only a symptom of an unhappy state of mind; and the habit represents a retreat when life, with its manifold problems, becomes too complicated and lacking in satisfaction.

It may be compared to the situation of the adult who turns to drink for momentary relief. The child who is moody, lonely, or who has been punished, may resort to the practice for consolation and comfort. If this is the case, the problem is quite different and far more difficult. The personality of the individual needs careful investigation and no generalization will be of value.

Those in charge of the child must know him well and must understand his moods and their causes. They

should know his interests, plans, and hopes and what brings happiness and satisfaction to him.

Above all things, parents must not allow undue fear and anxiety to sway them and make them give the habit more weight than it deserves. The fact is that the dangers to the physical and mental well-being of the child are more apt to come from the parents' own attitude and unwise treatment than from the habit itself. The important thing for us to remember is that masturbation, like enuresis, is an undesirable habit in itself, but the real harm to the individual comes from his mental attitude toward the problem. Consider the mental anxiety produced in a child five or six years of age who has developed the habit of masturbation when she is threatened with severe punishment, and is made to feel that she is committing an unpardonable sin, that she will become foolish or insane, or that every one knows by her looks what she is doing. In the meantime, nothing is done to lift the burden or assist in the solution of the child's problem, which to the immature mind still remains a mystery, except to lay stress on the social ostracism and increase the amount of punishment.

Another group of cases that struggle along perplexed by sex alone are those rather immature individuals who have unfortunately and quite accidentally passed through some sexual experience, for which they are thereafter held up to ridicule and shame by the other members of the family. This attitude does nothing more than stimulate a feeling of degradation, which in itself deprives the child of a normal healthy

outlook on life. Not infrequently the emotions attached to these early sexual experiences, perpetuated and exaggerated by well-meaning counselors, are in themselves the nucleus for breakdowns in later life. We have had opportunities to observe and study the cause and effect of these momentary digressions relative to the sex life in childhood, and we institute rational methods of treatment. We feel that these experiences are very wisely cared for, and frequently entirely eradicated, by normal psychological mechanisms, unless they have been reënforced by tremendous emotional upsets during the process of treatment by persons who are willing but not too wise.

If the parent thinks of sex in terms of overt sex activity such as masturbation, attempts at sex intercourse, perversions and other objective ways of inducing pleasurable sensations through the genital organs, they will fail to recognize much in the development of the child that is directly and indirectly related to his sexual life; consequently, many opportunities of helping the child in acquiring knowledge about this important subject wll be missed.

Sex to the child is usually not more important than the parents make it; but unfortunately they endow many of the child's experiences with a coloring of sex, and this creates in them fear, anger, humiliation, and other unpleasant emotional reactions. These emotions they, in turn, impart to the child, so that they create problems for the child out of the recesses of their own troubled minds.

The masturbatory act is usually carried on by irri-

tating the external genitals with the hand. The act is often complicated by other manipulations which apparently add to the pleasure. Thumb-sucking, rectal irritation, and rubbing the navel are most common manifestations, and any one of these acts may be performed alone to the satisfaction of the child.

Most of these youngsters, from a therapeutic point of view, fall into two groups: (1) Those who cling very tenaciously to these pleasures and in fact all the pleasures of their lives, and (2) the group which gives them up with little reluctance. Members of the latter group need little or nothing more than to have their sex interest sublimated along some more desirable path, and little stress need be laid on the undesirable habit itself but rather upon the development of some new interest. The treatment must be outlined to cover not a few days or a week, but rather a period of several weeks. The parents' fears and anxieties over the outcome of the habit must be allayed, so that they can carry out the treatment without undue emotion. All that is usually required in such cases is attracting the child's attention, when he is in the act of performing the undesirable habit, with a picture or a game; or by making an effort to interest him in what the parent is doing at the moment; or by utilizing other methods which require ingenuity, such as directing the child's attention to some situation, even though it be only of passing interest, but one sufficiently unique to hold his attention for the moment. The habit of itself gradually subsides. These cases invariably are not of the secretive type, which masturbate only in seclusion;

for in these early years they have not reached the stage when they appreciate the asocial quality of the act and, as has been said before, parents may be assured that no undue anxiety is justified regarding these cases, if the child is directed with intelligence and sympathy.

The cases which present the most difficult problems for treatment are those that turn to masturbation only when they are in unhappy or despondent moods. They find in this habit a source of comfort and a comfort that is always at hand. Children turn to thumb-sucking, especially at night, as a means of inducing sleep, just as many older children indulge in masturbation; not because there is any particular sex urge at the time, but because there is a general indescribable feeling of unrest, both physical and mental, which can be subdued if sex feeling sufficiently strong can be stimulated. And even in these adolescent and adult cases, the act of masturbation is not carried out to its completion.

Considerable experience has taught us that mechanical appliances that are used for restraining children are of little value unless the child is at an age when he can fully appreciate why the restraint is being used, and a state of mind can be developed where he is quite willing to coöperate, instead of resenting the treatment. If such restraint is used forcibly, it simply becomes an open battle between the child and the parents in which both are doomed to lose, for invariably the child clings to the undesirable habit in spite of these drastic measures.

Some practical points with reference to treatment are as follows:

1. Give sex instruction early, as completely and frankly as the child is capable of understanding.

2. Allay the fears and anxiety of the parents and make them appreciate that the dangers to the physical and mental well-being of the child are more apt to come from injudicious treatment than from the habit itself.

3. Know the child well enough to be able to understand fairly intelligently his moods, appreciating the fact that masturbation is frequently sought as a retreat from unhappiness.

4. Procure most intimate knowledge of those with whom the child is making the most intimate contacts.

5. Give a careful physical examination to determine if there are any definite sources of irritation.

6. Demand absolute cleanliness.

7. Avoid too much petting and fondling and such activities that excite the child sexually.

8. Plan for the child to be occupied as early as he wakes up.

9. Do not threaten, punish, or appeal to the emotions of the child in efforts to overcome the habit.

10. Remember your own problems with this same habit.

In any attempt to dispense with an undesirable habit, something must be substituted for that which has been taken away. Not only must approval replace disapproval, pleasure replace pain, reward replace pun-

ishment; but some very definite tangible way for sublimating energy must be presented to the child and presented in such a way that it can be utilized. The parents must find new interests for the child; what they shall be depends upon the child.

The following case is presented in some detail, as it brings out several important points regarding the early development of sex interest in children; and it is further complicated by convulsions of an epileptoid character, which was the symptom that brought the child under observation.

Alice, a nine-year-old girl, was brought to the clinic, for two definite reasons; first, because of hysterical convulsions, and secondly, because of her precocious sex interest and sex delinquencies, which had begun when the child was between five and six years of age. Just before coming to the clinic, the teacher had found an obscene picture in the child's desk.

Psychological examination graded the child one year above her chronological age; intelligence quotient of 111. She is in the third grade at school and capable of doing work that is above the average. The teacher considers the child very bright but states that at times she appears extremely dull and absent-minded.

The parents state that the child has immoral habits, that she never seeks girl friends but is always in the company of boys, and that she has immoral relations with them. Once the child was found in a cellar with several boys of her age in what was said to be "a compromising position."

Her father is said to be a fine, self-respecting man who is making every effort to do all he can for the welfare of his family. This patient's mother died four years ago, was an epileptic, and a markedly hypersexual individual. She died at the Psychopathic Hospital from toxic psychosis. The patient's father married the second time, and the stepmother seems to be a woman who is kindly and affectionate toward the child and interested in her welfare. She, however, received but little support and encouragement in matters of discipline concerning the younger children from the three older married sisters in the family. She has found the situation impossible, and a separation has resulted, not because of any difficulty with her husband, or of inability to meet the ordinary problems concerning her household duties, but on account of the conduct of the child and the lack of support she received in making any effort to change this conduct for the better.

The patient until recently lived at home with her father, stepmother, and brother John, aged thirteen, who attends the eighth grade. He is said to be quiet, but indulges in petty stealing, and has been arrested twice but never sentenced. There are three older married sisters who continually interest themselves in the father's household, much against the wishes of their stepmother and probably to the disadvantage of the home. The father states that none of his children have seemed normal. He has always had difficulty in bringing them up. They were delinquent, misbehaved, and had bad reputations. There seems to be

nothing obvious in the environmental situation which would account for the delinquent tendencies of the children.

For the past three years the child has interested herself in boys, although from her story she has not excluded girls as companions in her sexual indulgences. From the history it is felt that the patient has been more of an influence on the environment than the environment has been upon her. The father states that since the child was three years of age she has shown an abnormal interest in sexual things and has been quite aware of her own sex feelings and how to stimulate them. After attending the moving pictures, it seems that she remembers nothing but the sensuous aspect of the picture, frequently fabricating and interweaving situations which have no foundation. The child has been found on several occasions in a cellar of an unoccupied house absolutely nude with three or four boys of her own age. She tells her father of what has happened and shows no sense of shame in speaking of the active part she has played in these episodes.

With the doctor she answered all questions frankly and showed herself an extremely precocious individual having an intimate knowledge of sex affairs, which could have its basis only in personal experience. She made no effort to minimize her part in these sexual experiences. She discussed the entire situation without embarrassment, went into minutest details, discussed her innermost thoughts and her dreams in an interesting and enlightening way. She appreciated the effort that she must make in order to overcome the

cravings and desires responsible for her past difficulties. She was also anxious to develop other interests to substitute for her erotic daydreams. At no time did she blame others for her trouble, and stated she was extremely anxious to overcome her undesirable habits in order to make it easier for her stepmother, to whom she was apparently very much attached.

The foregoing case presents two definite problems for solution: first, the convulsive tendency, and second, the precocious sex interest and sex delinquencies. Mental findings indicate that the child has more than average intelligence. The delinquent behavior may be considered as being accidental in origin and continued because of hypersexual cravings. Home conditions were not ideal, yet not sufficiently different to account entirely for the strain of delinquency found in this family. Associations were not better or worse than those found in the ordinary settlement district. Nothing stands out distinctly either in the mental make-up of the child, or in the environmental conditions, that we can definitely point out as the exciting factor of her present difficulties. There is nothing to indicate what the future of this child will be, or what the effect of these particular sexual experiences is to be upon her and upon the development of her personality.

What the effect of such a series of experiences upon the development of the character and personality of the child may be, is open to conjecture. The cause or reason for that particular experience in this case, at such an immature age, may well be considered as en-

vironmental or accidental. The effect of such an experience will depend upon circumstances and conditions that are as much beyond the control of the child and equally as dependent upon circumstance for a healthy solution, as the primary experience was dependent upon mere accident.

The fact that we are dealing with a child of rather high grade mental equipment, who was a bit precocious in her interests other than those of sex, is indeed fortunate; for the unhappy event can be very well assimilated and digested by the child, minimized by the parents, and perhaps turned to some good purpose. On the other hand it may be repressed so completely as to lose its own identity entirely, but appear in some pathological condition or definite social act—as was the case, apparently, with this patient in her hysterical episodes. Again, the experience may be rather imperfectly repressed, and, continually and persistently forcing its way into consciousness, produce a disintegration of the personality, as is manifested in many of the psychoneuroses of the neurasthenic and anxiety types.

From a physiological point of view, it is not difficult to conceive of such experiences as sensitizing the individual to subsequent emotional experiences of a sexual nature, producing a hypersexual individual, which may result in prostitution or homosexuality. Notwithstanding the fact that there may be this tremendous physiological sexual drive, it is not unlikely that such an experience would produce the psychological repugnance to things sexual, the two forces combating

one another and resulting in conflicts which torment and incapacitate the individual for a life of either happiness or efficiency. Whatever the results in this case may be only time can tell, but the child's chances for making a satisfactory adjustment after these sexual experiences are much better if she is under the guidance of those who see the biological and physiological aspects of her problem as well as the moral. There is every reason to believe that more can be done for this girl at nine than could have been done had we met her five years later. In brief, there are reasons why the progress in this case should be fair.

How much of all this trouble might have been avoided had this child been properly instructed in matters of sex—if the masturbation that started at three years had been properly managed—is a question. Having a mother who was mentally sick, she was denied that privilege. No one in the family knew until too late who her companions were or where they spent their time. It never occurred to any one apparently, that the girl, already precociously interested in sex, should not have attended moving pictures.

Parents have a grave responsibility towards their children in helping them to avoid the pitfalls that this child encountered through ignorance. Considering her heritage, the loss of her mother and the complicated and chaotic household in which she lived without any knowledge whatsoever, she was beaten before she got really started in life. Do not let your child start out unprepared to meet these dangers. They are found not only in the back alleys of our streets, but in our

best homes, private schools, and camps. Sex is a force so dominant and prevalent that it appears where least expected and in unsuspected ways.

If the problems centered about this dominant fundamental urge, which stands out as one of the most important biological forces with which we have to deal and one that causes more catastrophes from a social point of view than any other, cannot be met from an objective point of view, failure will be sure to follow.

If parents are to protect their children by giving them adequate sex instruction and help them to meet situations as they will undoubtedly have to when they grow older, they should approach the problem frankly and unemotionally. Then they will be in a position to contribute something of value and will not confuse the child by their own doubts, misgivings, and obvious embarrassment. The parent who recognizes in the expression of sex urges and sex interests a normal biological process, which must necessarily take place in the growth and development of the child, will not be overwhelmed by these critical situations as they arise. But those who see only the moral issue when confronted with these situations will be handicapped by their own unhappy associations with sex. In the past experiences of many parents, teachers, nurses, and adults in general, lies the secret of their inability to meet sex and its problems frankly.

CHAPTER XVIII

TEACHER AND PUPIL

THE teacher's responsibility in molding the personality of the child is second only to that of the parent. The teacher is not infrequently called upon to act both as moral advisor and as educational director. The school often seems to the child a God-given refuge; and the teacher is a kind and sympathetic counselor. One need not be a profound student of education to appreciate the magnitude of the teacher's task and the difficulties under which she has to labor.

The teacher is confronted with the problem of dealing with a group of individuals whose intellects, emotions, and volitions are all as varied and constantly changing as human life itself. These varied and ever changing emotions of humanity must pass through the same mill. The teacher tries to devise a daily routine that will best serve the largest number; but she often finds it impossible to meet the individual needs of some children who do not lend themselves to education on the plan of mass production.

The task of the teacher would be difficult enough, were she concerned only with the intellectual side of the child's life, but the teacher who is to play the part of friend and counselor has also many other problems to meet. She cannot let the child pass by whose emo-

tional life is twisted and warped by unhappy environmental situations, whose lack of interest in his studies is, perhaps, due to fear or worry. She has learned, from her own experience, that sullenness, resentfulness, deception, and often the more serious types of delinquency, can be understood and corrected only when they are interpreted in terms of the child's experiences and his relationships outside the school. These problems are all fairly well defined and it may be but a matter of securing time to get parental coöperation to work them out satisfactorily. But there are innumerable other situations, problems that are vague and intangible, which she is called upon to meet daily. New and baffling character traits are constantly presenting themselves in the various members of the heterogeneous group of the classroom. In one child a friendly, cooperative spirit is replaced by negativism, or perhaps by shyness. Another child becomes tremendously concerned to receive approbation at every turn, while his neighbor develops an attitude of indifference toward praise or blame. One group of pupils, whom she looks upon as belonging to the purposeful type, are primarily concerned with the objective for which they are working, and willing to undergo the necessary hardships in attaining the goal; while, in contrast to this group, are always some who take an interest only in pursuits that give them satisfaction.

These are only a few of the individual and group problems, with which the teacher has to deal. Such are the responsibilities that the parents turn over to the teacher. It is not necessary to call your attention

to the fact that the person who assumes these obligations, and who measures up to the demands that are made on her, must be superior in many ways. Not only must she know the subject that she is teaching but she must also know the individuals whom she is teaching. As the physician no longer treats disease, but the person who is suffering from the disease; so the teacher is more concerned with teaching the pupil than the subject.

The teacher, in order to conserve her mental energy, must be so stabilized that she will not suffer a nervous collapse when she finds some obscene note a student has written. She must appreciate the fact that stealing, lying, truancy, and other asocial types of conduct are not evidences of moral degradation; they are symptoms that occur in the life of many children in the process of growing up. It is the underlying factors, whether they be intellectual, physical, or environmental that produce these symptoms, with which we are most concerned.

The teacher has an opportunity that is given to no other professional group to save many children from drifting into irresponsible, shiftless, asocial, and often delinquent tendencies. This may not be an inopportune time to point out the importance of coöperation between parents and teachers. Often parents do not have sufficient interest in the school life of their children; or perhaps they feel that they are too busy; or they entertain the idea that they would be intruding if they became too much concerned about the child's activities at school. Another group of parents of the

hypercritical type are extremely ambitious for their children, and somewhat envious of the intellectual progress of their neighbors' children. They develop an antagonism toward the school and the teacher which has no basis in fact.

Teachers, through lack of understanding of the heavy responsibilities that many mothers have to carry in looking after a household with three or four children, to say nothing of the marital and economic difficulties with which they have to contend, develop an unsympathetic and hostile attitude, which cannot help being reflected in their bearing toward the child. In fact, it is always the child who suffers most from the emotional conflicts of adults. We must keep in mind that if the child learns that he can play the teacher against the parent, and rush from the discipline of the school to the oversolicitude of the home, he will not be likely to conform to the routine of school life with the same spirit as if he knew that parent and teacher stood together in matters concerning his welfare. A whole volume might be written on this subject, which might be summarized in the statement that for parents and teachers to coöperate and not to compete is to the interest of the child.

Perhaps the most common problem that concerns the child, the parent, and the teacher is that of the child's failure to meet the academic requirements of the school. This is often caused by failure on the part of the school authorities to determine the intellectual load that the child is capable of carrying. The chapter on Intelligence and Conduct will discuss the matter of

intellectual equipment in considerable detail, but it may be said here that in both private and public schools many children are making an attempt to perform intellectual tasks that are well beyond the limits of their capacity. The following case is a good example of what is meant.

Robert, a boy ten years of age, was in the third grade of a private school and was doing poor work. He had been encouraged and tutored, finally pushed, prodded, and ridiculed in an attempt to improve his scholastic standing. His mother was called to the school and told by one of the faculty that there was no excuse for his failure, that he had a brilliant mind. Careful physical examination, with the history of the boy's ability to adjust the everyday problems of life, his previous medical history, which included convulsions at an early age, and the psychological examination all indicated that the boy had a rather inferior intellectual equipment; and, in view of his intellectual limitations, one was surprised to find that he had succeeded as well as he had in school. In this particular case the diagnosis did not please the parents. He was sent back to school and more pressure was exerted, until he finally had to give up, completely broken down in health. Here we find overambitious parents, ill advised by school authorities, and the unfortunate boy suffering the consequences.

All children who fail at school, however, are not inferior intellectually. Not infrequently, in spite of efforts on the part of the teacher and a kind, sympathetic attitude on the part of the parents, continued

failure in scholastic endeavors and humiliation before the other students produces a state of mind where intellectual accomplishment and a satisfactory social adjustment is well-nigh impossible.

Joseph, a boy twelve years of age, came under my observation because of a rather marked, though gradual change in his attitude towards his parents and the other children in the household. He became extremely domineering and disagreeable toward those whom he felt to be his inferiors, and whining, faultfinding, and irritable toward his parents. He was so unbearable with the other children of the neighborhood that they began to avoid him. These undesirable traits had only become manifest during the past two years. In searching for some environmental cause for his discontented, unhappy, resentful attitude toward life, and particularly towards his family, we find that for the past three years he has been failing in school. With the aid of tutors during summer vacations and in extra hours outside of school he has just been able to make the grade. The teachers were discouraged and pessimistic. In spite of their efforts, they felt they had accomplished little during the past two years. He was looked upon as a pupil with a "poor mind"—intellectually inferior. Others thought he was stubborn, and that his inability to concentrate was more or less voluntary. To be sure, the boy had been handicapped in his school work because of absences due to illness, but there was a question of whether much of his illness was not of a functional nature and utilized to get out of a difficult situation.

His psychological examination was summarized as follows:

"Keen, quick-witted, intelligent boy, good comprehension, superior memory and excellent judgment, with an intelligence quotient of 112." This tended to indicate that his scholastic failure was probably not due to intellectual defects. It was explained to the boy that he had a good set of tools to work with, which he had been using poorly for the past two or three years.

Much to his gratification, it was decided that it would be to his advantage if he were entered in another school, where he could start anew; and this suggestion was also met with enthusiasm by the principal of the school, who felt that he was too much of a burden to his class. It was interesting to note the relief this lad experienced when it was explained to him that his failure had not been due to any inherent intellectual defects, that the change in school was to be made immediately, and that there was every reason to expect much better results. His attitude at home and at play changed almost at once. He discarded his sullen, resentful attitude, took on one of good sportsmanship, and within a few months was doing average work in school with considerably less effort and no additional tutoring.

We must appreciate the importance of the teacher's maintaining an objective attitude toward the pupil. Dr. Bernard Glueck makes this point very clear when he states: "One of the outstanding conditions which determines success or failure in child-teacher relation-

ships has to do with the question of objectivity of attitude and behavior. Ordinarily, we are apt to be more rational in our relations with our fellows, the more successful we are in maintaining an attitude of objectivity. By this attitude we simply mean the ability to see things as they actually are, and to deal with them on that basis. The opposite of this is the tendency to color and distort events and things in accordance with the particular bias we may be entertaining at the time by projecting onto them our personal feeling." [1]

Another problem that has to do with the failure of children to carry on satisfactorily in school is centered around the chlid with a superior intellectual equipment. Recently a little girl, eight years and three months of age, was referred to us on account of her inability to get along in the fourth grade. Her failure was due to a lack of concentration, to frequent absences from school on account of illness, and to an intense desire to get attention at any cost. The history of the child and the psychological examination, which gave her a mental age of twelve years and five months, with an intelligence quotient of 151, all indicated that she had a very superior intellectual equipment which she was using poorly. The principal of the school, a woman of keen judgment and excellent insight, followed the advice of the psychiatrist that the child be promoted to the fifth grade, instead of demoted to the third. The following is a quotation from a letter from the principal: "We put her into grade five.

[1] Joint Committee on "Methods of Preventing Delinquency," Publication No. 3, p. 6.

It took her two or three days to adjust herself, but she soon perceived that she was not up to the rest of the class and has settled down to concentrated work rather unusual in a child of her age. She is evidently happier, looks much better and is making excellent progress."

"Laziness" is a much abused term, especially when applied to children. Children are not naturally lazy, neither do they acquire habits of inertia early in life. "Laziness" is used by parents and teachers in their efforts to explain a lack of inclination on the part of the child to participate in tasks or activity of any kind that require physical or mental effort. This attitude toward the child's inactivity assumes that this indifference on his part is voluntary, something which he wills to be, or, at least, that it is a state of mind, whether he wills it or not. Such a conclusion, hastily arrived at, may do the child a great injustice, as there are many factors that contribute to this state of mind for which the child cannot be held responsible and that cannot be removed unless the child and his environment are carefully studied.

There is a physical basis for much of this so-called laziness. We are all familiar with the dull, apathetic responses we get from children who are sick; and when we recognize physical illness, we do not expect alertness—in fact, we encourage rest and freedom from physical activity. It frequently happens that children are sick without any one recognizing the fact. Subacute infections of tonsils may not be associated with pain or temperature, but the nervous system may be af-

fected by the absorption of the toxins, which affects the child's responses to life. Disturbances of one or more of the glands of internal secretion bring about changes in behavior which are often construed as laziness. The failure of thyroid secretion is the best example of how the physical and mental life of the child is affected by alterations in the chemistry of the body.

Teachers may mistake a poor mental equipment for laziness. The child who is inadequately endowed intellectually may struggle along with interest and enthusiasm for a time; but if he is continually meeting failure, as many do; if he gets none of the emotional satisfaction that comes from success, we cannot expect him to carry on indefinitely without discouragement, which is soon followed by indifference and loss of interest. This is what we often call laziness, but it is a normal reaction to certain situations and lends itself readily to treatment. There is no reason why individuals with poor intellectual equipment should be lacking in enthusiasm, if their particular difficulty is appreciated and provision is made for placing them where they will have the opportunity to utilize the mentality they have to the best advantage and in such a way that their efforts will be rewarded by success.

The emotions of the child must always be taken into consideration in any attempt to explain laziness. Emotional factors, although not as easily determined as the physical, chemical, and intellectual deviations, are none the less important. In the chapter on Inferiority we pointed out that there are many environmental situa-

tions that affect the mental processes. The child who feels inadequate because of constant or unjust criticism may take on a dull, indifferent attitude toward home and school; or the indifference may be directed only toward the environment from which the criticism comes. Children respond to different aspects of their environment. One teacher brings out all that is best in a child; another has just the opposite effect, causing the child to become shy, sullen, repressed, or indifferent.

The sources of mental conflict are so numerous and varied that one can only state that they should be investigated in the study of any child where laziness is the problem.

There is nothing to be gained from dealing with the problem of laziness in children by force, punishment, nagging, ridicule, and humiliation. Parents and teachers should make every effort to determine the cause of the child's passive attitude toward life, which necessitates, first, a careful physical examination; second, a psychological examination; third, an investigation into the life history of the child, his emotional reaction to his present environmental situation and his outlook on the future. Anticipatory doubts and fears, often projected far into the future, play an important part in the attitude of many children—that is, the fear of failure.

There is another group of cases but little understood by the parent and teacher—the restless, hyperactive type of youngster who finds it almost impossible to concentrate. There is usually no question about the men-

tal equipment of these children, for invariably they demonstrate to the satisfaction of all concerned that they are not defectives. When the interest of such a child is sufficiently aroused, he frequently shows marked mental superiority along certain lines. Many of these children belong to the daydreaming type, whose mental life is concerned with the most vivid and active imaginations. They find it difficult, sometimes impossible, to follow the daily routine of school work. They are the dreamers who, having seen the goal for which they are struggling, are no longer interested in the means of obtaining it. As some one has said, "They get more out of passive enjoyment than they do from active effort." One can never hope to harness this type of individual to the dull, monotonous, routine duties of the schoolroom. His is the life of freedom and phantasy in which imagination is allowed full sway. It is perhaps from this type that the inventor or the poet springs. Here one must seek for special abilities and, finding them, see that they are developed to the highest degree.

Sometimes rather trivial situations in the life of the child result in emotional upsets that are out of all proportion to what might be expected. We recently saw a pupil who had accidently broken her teacher's glasses while putting on her coat. The teacher's reaction to the situation was unusually stern and severe. She gave the child a long discourse on carelessness, destroying the property of others, and the expense involved; which so impressed the child that she had a fear of meeting this teacher for several months.

Another child, after being reprimanded for being late for school, insisted for weeks on getting up at five o'clock, disturbing the entire household in her efforts to make ready for the event of going to school. She lived in terror of being late.

A high-school girl, with an exceptionally good intellectual equipment, who had always led her class found, at the end of her sophomore year, that competition was so keen she stood in danger of losing the leadership, which she had always accepted in a matter-of-fact way. This situation was met in a very effective way. She lost her voice for a period of thirteen months. Without the use of her voice she no longer had to compete; she had an excuse for failure. She let the others go ahead scholastically and accepted a very mediocre position in her class, finally dropping out. Interestingly enough, she responded to a forty-minute treatment on the first visit to the physician.

These are only a few of the emotional situations that are constantly arising in the schoolroom. In fact, they are apt to occur in any environment if the stress and strain of existing conditions are sufficiently intense.

Few of us can appreciate the mental conflicts that are waging in the minds of many of these children. Warped and twisted are many of their views on the problems of everyday life with which they are constantly being confronted. Pathetic as it may be, in the hurry and bustle of our own day's work, we do but little to help them. Often, with the best intentions, we make grave mistakes; but much can be accomplished and much harm avoided, if the teacher will

appreciate that the emotional life of the child is quite as important as the intellectual life, and that a good intellectual equipment is of little value to an individual if he is handicapped by feelings of inferiority, jealousy, and fear, or if he is resentful and defiant toward those with whom he comes in contact.

To be of greatest value, the teacher must know the pupil—not only his intellectual capacity, but his instinctive and emotional life, his joys and sorrows. An effort must be made to determine the forces that thwart and inhibit the child and the means by which he may be stimulated to an honest effort. The child must not look on the teacher as a dictator, but as an advisor and counselor in time of trouble. Such a teacher lives in the memories of men; and from such teachers spring the inspirations that develop leaders among men.

CHAPTER XIX

INTELLIGENCE AND CONDUCT [1]

THE intellect at any given moment is the product of both environment and native ability. Tests intended primarily to measure native ability are called "intelligence tests," and those intended primarily to measure what has been acquired from the environment are called "achievement tests." For lack of time the psychologist must often accept the child's school history in lieu of an achievement test and confine his own efforts to the study of "intelligence."

The measurement of native intelligence is, however, an ideal goal, which we may approach but never fully attain; for pure native intelligence is inaccessible. We come into communication with the growing child only as his intelligence finds expression in speech and action. But these are acquired, and the question at once arises, how much of what we are testing represents the child's original endowment and how much is due to his particular environment? In that form the question seems unanswerable, but somewhat differently stated it is seen to admit of a practical solution. In so far as children of the same age have had the same environment, the differences in their reactions must be

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due to differences in native endowment. Accordingly, we try to plan our intelligence tests so as to take for granted only the sort of opportunities for learning that come in the way of the average child, and in interpreting the results for any individual we try to take into account those factors in his environment which make it different from the average; more particularly any that may have made it less than ordinarily favorable.

From a somewhat different point of view it may be argued that we do not really wish to separate the native from the acquired in mental life. Intelligence, it may be said, is essentially the ability to respond advantageously to the environment, and that implies the ability to learn, to profit by experience, gaining various skills and amassing information and organizing all into useful and convenient systems of reaction. Now this sort of ability can be known only as it is seen in action. The practical distinction, then, would not be between native and acquired, but between what is acquired as the result of initiative and what is due to explicit and conscious teaching. This latter is the special field of the "achievement test," while the "intelligence test" aims at the former. Evidently the difference is really a matter of emphasis and focus. A comparison of the tests actually in use will show much overlapping.

An intelligence examination is not made up of questions that some one thinks this child ought to answer correctly. On the contrary it consists of the sort of things that children of about his age have been found by actual observation to be able to do, and to like to

do. We have found by actually trying it out, for example, that most children about three years of age are delighted to tell their own family name. A little earlier they do not know it and a little later it has ceased to be a novelty. When they are somewhat older we let them show how nicely they can count objects, draw squares or diamonds, name colors and the like. Later still, they make change, construct sentences, give rhymes and read aloud. And so it goes. At each age level the tests aim to represent recent accomplishments. When we say they have been standardized we mean that they have been tried out often, with hundreds of different children, to find out just what responses are to be expected at certain ages.

A good examination utilizes a considerable number of tests and tests which differ as widely as possible, because children vary, and the only way to be fair to all children is to give each one a chance to show his ability in as many different directions as possible. In particular, we are careful to include non-verbal or performance tests, things for the child to do, as well as verbal tests, things for the child to say. Language is the great instrument of social life and thought. Just as some children learn to skate quickly and easily, so some children very early get control of language as a tool, and take delight in using it, working and playing with it. It is a handicap to develop slowly in the field of language just as it is a handicap to be clumsy on one's feet. But the clumsy child may be a pretty good hiker, and the inarticulate child may do some pretty good thinking after his own fashion. Contrasted with

these inarticulate children are those whom we call "verbalists." They make a good showing so long as they merely talk, but betray a lack of good sense when called upon to do things.

Another reason for giving each child many and varied tests is that mental growth does not go forward with an even front, but often pushes ahead at one point and lags a bit somewhere else. The picture may change from time to time as advance takes place at different points, or the picture may be the same in its general outlines at every stage of development and then, if those outlines are irregular, we say the child has specialized abilities or disabilities. In general, the examiner explores downward till he reaches a level at which the child succeeds on every test and upward to the level at which every test is failed, and in interpreting the scores all these irregularities should be taken into account.

Whether we are thinking of one child or of many we find ourselves forced to agree with Binet in the principle which he long ago pronounced fundamental that, while the choice of any particular test is comparatively unimportant, it is of vital importance in each case to use as many and as varied tests as possible.

So many tests have now been standardized that there is no need of keeping to a rigid program. The examiner may vary the tests used and the order in which they are given to suit the case. To the child they appear, not as "tests," but as "games" and "puzzles" in which the easy and the difficult are so interwoven as to keep him working happily at his highest level of

efficiency. He meets the stimulus of what for him are real problems, and has the satisfaction of successes which he is able to recognize and which meet with due applause. Only the other day, a youngster looked up in the midst of his examination to ask, "Did Lucy (his little sister, who had been examined earlier) have as good a time as I'm having?" And he is no exception. It is a common thing for children when dismissed to beg for "more games."

From the psychologist's point of view the results of an examination fall under two heads. First and most obvious are the numerical findings, scores, mental age equivalents, I.Q.'s, and the like. Of all the numerical findings, the I.Q. is probably the best known and the most frequently and most grievously misinterpreted. The two letters stand for "intelligence quotient," the quotient obtained when "mental age," as determined usually by some form of the Binet-Simon scale, is divided by chronological or life age. Suppose, for example, that five ten-year-old children have been tested by such a scale and their mental ages found to be respectively six years and six months; eight years; ten years; twelve years, and thirteen years. Their I.Q.'s in the same order would be .65, .80, 1.00, 1.20 and 1.30. If we follow the present usage and omit the decimal points, they become 65, 80, 100, 120, and 130. An I.Q. of 100 means that the child's mental development is average for his life age; less than 100 means that for some reason he is retarded relatively to average of his age group, and more than 100 means that he is relatively advanced.

If we are satisfied that the child has done himself justice on the tests, we may classify him roughly on the basis of the I.Q. An I.Q. of 50 indicates, for a child of ten years, the mentality of five years; for a child of sixteen, the mentality of eight, and so on. Now as grave retardation as that is practically never caused by physical and environmental conditions alone. Even where these conditions have been pretty bad we find that I.Q.'s as low as 50 go with some definite deficiency of native endowment and, if conditions have been favorable, it indicates a profound mental defect. Less than 70 generally means enough deficiency to necessitate a good deal of supervision. Above 110 is distinctly better than average, often called "superior." Probably a large proportion of college graduates, if tested in childhood, would have scored 130 or more.

Between 70 and 110 lies a debatable zone including nearly all individuals who would be described as of "average" intelligence, those whom we think of as "dull," and a few high-grade defectives. There does not seem to be any sharp line between these three subgroups. The type of intellect is here more significant than the test scores in determining the practical status of the individual, and in critical cases the balance is often turned by nonintellectual traits, such as persistence, good-temper, stability of mood, personal appearance, and the like. Directly or indirectly, such traits influence both the individual's social behavior and the attitude of society towards him, and may go far to reenforce or to nullify the value of his intellect.

When Terman published the Stanford revision of

the Binet scale in 1916, intelligence testing was comparatively new. In the last ten years our experience has enormously increased, and the use of intelligence tests in the army during the war has made available a large mass of data obtained from young adults. The two outstanding changes resulting are: first, increased caution in the interpretation of all numerical findings and, second, the lowering of the "mental age," generally accepted as representing the average adult for the community at large. Terman's assumption was that, roughly speaking, the average individual attained intellectual maturity at about sixteen years. It is now generally agreed that the average adult level is nearer fourteen years. That makes the average adult intelligence correspond to an intelligence quotient of 87 instead of 100.

There is a good deal of evidence to show that the I.Q. is approximately constant for a given individual at whatever age he is tested; that is, that the bright child is always equally bright and the dull child always equally dull. There are, however, many apparent exceptions. A safe statement would be that a variation of more than five or six points suggests that the case calls for further study.

The numerical findings in general may be thought of as corresponding to such data as height and weight on the physical side. They are useful for estimating the general level of the child's development at the moment, and for comparing him roughly either with other children or with himself at other times. They are far from being, as is too often supposed, complete

and adequate expressions of the child's total mentality. Still less do they in themselves afford a safe basis for predicting that child's future development.

In order to interpret these quantitative data we must take into account the other class of results which, by way of distinction, may be called the qualitative findings. These include the characterization of habits, attitudes, types of reaction, and the like, which do not lend themselves to mathematical expression. Judgments of this sort are necessarily subjective as compared with the numerical results, but less so than the estimates of the same observer would be under less standardized conditions. A few examples may make this point clearer.

Harold is a boy of three years, five months with an I.Q. of 117 on the Stanford-Binet scale. According to Terman's reckoning this puts him in the highest 10 per cent of the community, and ranks him as decidedly "superior" in intelligence. But the case is not really so simple as that. He was a difficult child to work with because while neither timid nor unfriendly, he was exceedingly willful and whimsical. It was hard to get his attention and harder still to hold it. It is fair to infer that he did not do himself full justice in these tests and that his native intelligence is even higher than appears. Looking a little deeper we find that his poor coöperation is explained by the home situation. He has a good home, but he is an only child, his mother is oversolicitous and her discipline is not consistent. He is stubborn and willful at home, systematically disobedient and troublesome, capricious and

difficult about eating, and after being coaxed and fed by his mother will often vomit the entire meal. He is monopolizing most of his mother's time and attention, though the doctors find nothing wrong with him physically. Obviously we dare not predict a successful career for this child on the ground that his native intelligence is exceptionally good, for at present that intelligence is being put to most unsocial uses. He is headed, not for success, but for disaster. If he continues his present line of development he will be at odds with his playmates, with school, and with society, and whatever his native endowment, his effective intelligence may be expected to decrease. If, on the other hand, his mother sees her mistake and has the courage and firmness to correct it, the outlook is distinctly good. He is so young that his personality is probably still very plastic, and he is bright enough to respond well to good training.

By contrast with this case, that of *Joseph* is decidedly encouraging. He was twelve years, five months old at the time of the examination. His I.Q. was 118 and the performance tests confirmed the favorable rating of the Stanford scale. He was friendly and intelligently coöperative, showing well-sustained effort and interest, ambition and persistence, excellent insight, a keen sense of humor, and all together a well-poised personality. This boy has not had a wholesome or happy environment, and he presents some behavior problems, but there is good material here, and if he has a fair chance now we may expect him to make a good adjustment. If circumstances permit he will

probably complete the high-school course without special difficulty.

The psychological examination involves a situation that is well adapted to bring out certain aspects of the child's personality. It calls for a somewhat prolonged interview with the examiner. Other people may see the child oftener and in other environments, such as the home and the school, and it is of vital importance to know how he reacts under those conditions, but the prolonged interview may reveal traits which never come into play in the short one. Such, for example, are stability of attention, persistence, time required to "warm up," and changes in social attitudes with increasing familiarity.

Moreover, such an examination is not a mechanical affair but involves the interaction of two personalities. In the psychologist is provided another trained observer, and, because he differs in training and experience as well as personality from the rest—doctors, teachers, social workers, parents and neighbors—he sometimes notices things that escape them and at other times is able to confirm and to supplement their reports. But the psychologist is not merely another observer. He is, also, another personality to whom the child reacts. Some children display essentially the same traits to everybody. Others are little chameleons reacting quite differently to different persons. This oversensitiveness to the social environment is often an important factor in children's problems and must be taken into account if the maladjustment is to be corrected.

The psychological examination sometimes provides a good introduction to an informal conversation. The setting is neutral, not a doctor's office or a schoolroom, or even the child's own home; and the tests themselves suggest a variety of topics of interest to children. In working with problem children a certain amount of care is necessary at this point lest the psychologist go over the same ground that has been or will be covered by the psychiatric and social worker. The division of labor among these three differs from clinic to clinic, and even from case to case in the same clinic, and one must be guided by circumstances. Any considerable amount of real duplication is waste of time and effort, and may even be a positive disadvantage because of its effect on the child or on his parents.

The close correlation between the psychological examination on the one hand and the medical and social history on the other, can hardly be overemphasized. Here for instance is *Stanislaus,* a boy of thirteen. His I.Q. is only 87 and in his case the performance tests are even lower, for he is fonder of books than of toys. He speaks with a distinct accent and has some unexpected difficulties of comprehension. The family talk Polish at home. He showed himself mentally alert and his attitude was a pleasant combination of the manly and the boyish. In view of the foreign language difficulty one feels no doubt of his normal intelligence.

Walter, a little seven-year-old, had an I.Q. of 80 and the performance tests were no better. He was practically blind until recently when glasses were obtained for him, but even with these he has less than one-fourth

of normal sight. Evidently he has had no chance to build up normal self-confidence or to accumulate the experience and information that are normal for his life age. That he is retarded is only natural. That he shows some good personality traits is to his credit. If he can have a fair chance now, by correcting his visual defect, a later examination may give a better idea of his real intelligence.

A single psychological examination often tells us a great deal about the child. It may suggest the cause of undesirable behavior as, for instance, when he is found to be intellectually very superior to his immediate family. It speaks well indeed for the dispositions and characters of all concerned when the brilliant child of dull parents is not insubordinate and difficult. Again, to know the grade of the child's intelligence is to have some idea of how far he can be expected to co-operate in plans for his own betterment. Still more, the native intelligence of the child is an important factor in determining his ultimate value to society, and consequently the amount of time and money and other resources that we are justified in diverting to his use. Consider the child who is definitely feeble-minded and will never be able to support himself or to manage his own affairs, but whose younger brother is of normal intelligence. Evidently the community has a right to demand that the younger child who is capable of becoming a useful citizen shall not be sacrificed in a sentimental effort to make the older what he never can become. Let him be made comfortable and happy on the childish plane where he must live and let him be

trained to be a *good child,* but let the expensive education be given to his brother, who can profit by it, and for whom it will be a productive investment.

In the case of a retarded child, however, especially if he has been mismanaged or is otherwise handicapped, a single examination may be inconclusive. Then we relieve the unfavorable conditions as far as possible and reëxamine at suitable intervals. Walter's case, cited above, is of this sort. If we find that with improved vision his reactions to the tests improve, and especially if he begins to gain relative to his life age and to give a better type of response, we shall take courage. But if, in spite of improved conditions, he makes no gain or even falls further behind, then we shall know that the serious difficulty is in the native ability. Sometimes a considerable number of examinations have to be given before the evidence is entirely conclusive.

An interesting case of repeated examinations is that of Irene.

Irene, a little Italian girl, first came to our attention about two and a half years ago. She was then only four years, eight months old, but was already quite beyond control at home, being overactive and excitable, and indulging in violent temper tantrums. There was considerable foreign language difficulty, and the child's behavior was in some respects suggestive of mental deficiency. The first attempt at an examination was a complete failure. She merely whimpered and had to be returned to the group without any formal tests having been given. A second attempt five weeks later

yielded nothing more in the way of scores, but she had become more friendly and responsive in her attitude. After another interval of about three weeks it was possible to make a rating on the Stanford scale, and the I.Q. of 66 looked suspiciously like mental defect. But there was still the language handicap and coöperation was not wholly satisfactory. Four months elapsed between this and the next examination, and then she made an I.Q. of 74. Her conduct had improved considerably. About eight months ago another examiner saw her and obtained an I.Q. of 82. Meantime, in the old environment she had slipped back into the old, bad ways, and recently she was given another examination preliminary to being placed in a foster home. As it happened, a third psychological examiner worked with her this time. Her I.Q. is now 92, the language handicap is largely overcome, and there is no longer any doubt that she belongs in the group of the normally intelligent. It is the steady improvement of her scores quite as much as the final 92 that makes us feel sure of her true status. The improvement in the first four interviews was chiefly a matter of improved attitude on her part, as the time was too short for other factors to play much part. In the last two records the language factor is probably the important one. She is still a problem, but she has enough intelligence to respond to treatment. With that encouragement an effort will be made to find a foster home where she can have the kind but firm discipline which seems to be impossible in the midst of her own temperamental family.

Betty's record is interesting as illustrating the possi-

ble significance both of the qualitative findings and of repeated examinations. She is now nine years, ten months old but her Stanford mental age is only seven years, four months, I.Q. 76; and in the performance tests she made an even poorer showing. She was pleasant and docile, and gave none of the ordinary indications of apprehension or nervousness, but her voice was low and husky, and verbal responses were hard to elicit. Her scores ranged over about four years, from five to eight inclusive in the performance tests, and from seven to ten on the Stanford scale. So far, there is nothing unusual in the data, but analysis of her Stanford record shows that the only tests which she passed at year VIII were "comprehension," or practical judgment, and "similarities"; at IX she passed only on construction of sentences; and at X only on detection of absurdities. At XII she gave two of the five similarities without hesitation, three being required to score a success on the test. Contrast with those successes her failure to make any response whatever to the rhyming test at IX or the "words in three minutes" at X, bad blunders in her effort to count from 20 to 0 at VIII, and failure to copy the diamond and to repeat five digits at VII. It is an inconsistent sort of record. The child who could do what she did and as easily as she did it, should not have failed so egregiously where she failed. Her native intelligence is probably very limited, at best, but one suspects that a bad emotional condition must be present also to account for such a record. This inference is strengthened by comparison of her present behavior with that reported by the psychologist

who examined her about fifteen months earlier. Her I.Q. was then 88. She was excessively nervous throughout the interview, but her voice "rang out clear and confident." One suspects that what was then an acute emotional disturbance has since been replaced by a chronic attitude of defense. Obviously this is a case for further study.

When repeated examinations fail to show the hoped for improvement, the question arises, What should be the plans and expectations for a child of really low intelligence? A few illustrations will suggest the range of possibilities.

Florence is nearly seventeen years old with an I.Q. of 71. Twelve years is a generous estimate of her mental level. She is a friendly, pleasant girl who seemed at ease during the examination and coöperated well. She has rather a pleasing personality. Her reasoning capacity, though sufficient to exclude her from the group of the definitely feeble-minded, is indistinctly inferior; and the character of her reactions in general was indicative of childish attitudes and interests. Her interpretation of social situations was superficial and inadequate, and it was evident that without a good deal of friendly backing she could not be expected to keep out of difficulties. She wishes to learn dress-making, meaning by this sewing rather than designing, and this is probably an excellent vocational choice. She could profit by a limited amount of the trade-school type of training, but the sooner she is earning the better, both for her morale and for her intelligence. Moreover, the sooner this is brought about the easier it will

be to continue indefinitely the informal supervision that she will require.

The mere fact of failure or success is often the least significant thing about a test, whereas the way in which the child makes his score, whether good or bad, may be highly significant.

Helen's reactions illustrate a type of failure that underlies many problems of social adjustment. Her I.Q. was 88 and this rating was confirmed by the other tests given. In other words, the scores indicated a somewhat dull but normal individual. She was a friendly and responsive girl, a little nervous at first but soon at home in the situation. Her interest, effort, and attention were well sustained. The disconcerting thing about her work was the sudden change in type and quality of her reactions as the difficulty of the problems increased. So long as they were not too complicated, she not only scored successes, but she did systematic work and showed good ability to judge of her own performance and to correct her own mistakes. As the difficulty of the problems was increased, however, there came a moment when, without the least warning, she suddenly dropped to a very childish type of reaction and without abating her interest and her readiness to coöperate, not only failed but failed stupidly and, worse still, was unaware of her blunders.

A great deal of friction and unhappiness may develop around a child of this type. It is almost impossible to be sufficiently on guard against expecting too much of her. She does so well under favorable conditions that some day when she is given a bit of real respon-

sibility, an unexpected turn of events takes her by surprise, and she complacently does or says something incredibly foolish. Any kind of disaster may result, and it is hard to realize that she is not to blame. Such a child needs the protection of her family and friends who understand her limitations. At her own level she can do very satisfactory work and take pride in it, and with her pleasant and friendly disposition she will be readily accepted in the social life of the neighborhood.

Stephen is a nine-year-old boy. He came into the office with a pleasant, alert manner which suggested an intelligence more than ordinarily good. He seemed entirely at ease and was coöperative throughout. But the interview was disappointing. His alertness was superficial. Mentally, he appeared rather dull and aimless. By the Stanford scale he was nearly two years retarded, I.Q. 81. In spite of the fact that his motor control was only fair, and in the use of pen and pencil decidedly poor, he averaged about ten years on the nine performance tests which were given him. On both verbal and nonverbal tests his successes ranged from about the six-year level up to that of ten or twelve years.

Judging by the scores only one would rank him as low normal, but the impression obtained from actually working with him is much less favorable, and an analysis of his reactions tends to confirm the bad impression. His language development was poor and his speech still rather infantile. His reasoning was sometimes fully normal, but was unreliable. Practical

judgment was poor, and he seemed rather easily satisfied and uncritical towards his own performance.

The picture is quite definitely that of an inferior who, only under favorable conditions, would be likely to adjust well in the community. For this boy the conditions have been most unfavorable. He has lacked both social and financial backing, and has been handicapped by poor health and by a most unfortunate environment. The psychiatrist's examination brought to light a great deal of emotional turmoil, unhappiness, and repressions, all amply justified by his history. Now that the facts are known, every effort will be made to provide him with a good foster home and to help him to a satisfactory adjustment. But with his poor native equipment and these nine years of positively harmful experience it will not be strange if he finds his way into an institution of some sort.

William is four years old, a pleasant, responsive little chap, who is not yet talking well and is not, as yet, making a very good adjustment in kindergarten. At first he looked rather stupid, but as the tests proceeded his face lighted up, his eyes grew bright and a pink flush came into his cheeks. His I.Q. on the Stanford scale was only 80, but the two performance tests which time permitted gave much better scores, and there were various indications that, in spite of his retardation, his intelligence is of good type. He showed initiative, ambition, persistence and good ability to criticize and correct his own work. Evidently he needs encouragement and some individual attention. His mother needed instruction in devices for motivat-

ing distinct speech. Probably he will always be slower and less effective than the average, but on his own level we may hope that he will be a self-respecting and self-supporting citizen one of these days, and the sort of person whom we should like to have for a neighbor.

The final test of intelligence is social adjustability. No matter how brilliant a man is if he fails to adjust in the social order, we feel that there is a flaw in his intelligence; and no matter how stupid he is by other tests, if he is an acceptable member of the community we object to having him labeled "defective," and the idea of putting such a person in an institution and shutting him away from his old friends and neighbors strikes us as both absurd and offensive. A certain amount of intellect is necessary for this adjustment, it is true; but the intellect is the means, not the end; and for the attainment of the social end, it is the type even more than the level of intelligence that counts. Educators sometimes distinguish between the "horizontal" type, which may excel in rote memory and motor skills, but is weak in the ability to use and apply its acquisitions, and the "vertical" type of mind that may not acquire so readily but that excels in the ability to use all its resources to good advantage. Psychologically, the significant difference is in degree of organizing ability. Some individuals are quick and keen to organize their experience as it comes to them. They develop the well-integrated personalities. Others seem to lack this organizing power and are content to let the stream of experience flow over them, as it

were, depositing here a pebble, and there a bit of seed corn, and somewhere else a handful of loam. Sometimes the corn and the loam fall together, and the seed takes root and thrives and yields a good harvest, but is by a happy coincidence rather than by any design of theirs.

This organizing ability is something for which the examiner learns to watch and of which the evidences may appear in most unexpected places. A good example of this is the reaction of a certain little four-year-old to the request that she copy a square. She took the pencil and set to work with the best will in the world, remarking, "I can't make it thquare, tho I'll have to make it wound," and sure enough she made it "wound." Now the copying of a square is one of the standard tests at four years, and by that time we expect a child to have outgrown infantile speech. So Harriet was definitely retarded in two respects. But consider the type of intelligence which she revealed in this response. Her stock of concepts already included roundness and squareness, she knew what she could do and what she could not, she judged her own work by an objective standard instead of looking for approval or disapproval, and, in the face of certain failure, she cheerfully did her best. Even if no other tests had been given, could one doubt that she was good human material? Other tests, as it happens, were given and her I.Q. proved to be 121, brought up by tests which did not involve the eye-hand coördination.

When the numerical scores are not so favorable the type of intellect and personality may be even more

important in forecasting the future. Here is *Edgar,* five years old, with a history of convulsions which have been diagnosed as epilepsy. His I.Q. is 95 and the performance tests are no better, but he is mentally alert and emotionally well poised. The seizures have been less frequent lately, and one feels that if the disease is not too severe he may grow up to be worth more to society than many a person without his handicap.

Occasionally a child who fails entirely to respond to the tests nevertheless gives pretty clear evidence of his own intelligence or the lack of it.

Little *Joe,* aged three years and ten months, spent the entire forty-five minutes of his interview with the psychologist in a violent temper tantrum. He resented being separated from his mother, who generally waits upon him by inches, and he took his usual method of enforcing his own will. Formal tests were out of the question, but he spontaneously demonstrated that he had normal motor development, and a fair control of language, and the way in which he brought to bear stronger and stronger arguments indicated considerable reasoning power. Provisionally, such a child should be treated as of normal intelligence and expected to respond to wholesome and consistent discipline. But not all tantrum cases are alike.

Edward had been almost incredibly neglected all his short life. They said he was "about three years old," but even his birth date was uncertain. He was an only child. His father was away all day at work, and his mother had been gradually succumbing to "sleeping sickness." His interview was quite as stormy as Joe's.

The one thing he craved was to be held in some one's arms. The only words he said were "ice" and "please." Because of his history of neglect, we asked to have him tried for a week in a good day nursery where he would be under the care of intelligent observers. At the end of the week they reported daily tantrums, no interest in the other children, and very slight interest in the toys. He would eat as long as they would feed him, but would make no attempt to feed himself. There was, in short, no evidence of mental development above the level of about one year, and the drives which normally lead to development were conspicuous by their absence. It was evidently a case of profound mental deficiency, calling for institutional care.

Sally, eight and one-half years old, is a good example of the really superior child. Her I.Q. was 131 and this rating was borne out by the character of her work, though the performance tests were somewhat lower than the Stanford scale. She was friendly, at ease, and coöperative, and an unusually well-poised and well-bred child. Her hands were steady and skillful. Her attention was excellent throughout the interview, easy to focus, well sustained and of good quality, that is, she attended not merely in the sense of being receptive but hers was the creative type of attention that meets a problem halfway and reacts to it constructively. Her associative processes were quick and under good control. In the vocabulary test she reached only the year VIII standard, but her actual control of language in expression and comprehension approximated the twelve-year level. Her memory and reason-

ing capacity were excellent. Her work was very systematic and she showed good analytical and critical ability. She can carry a somewhat heavier program than she now has, but changes should be made gradually, allowing plenty of time for adjustment, so as to keep undiminished her poise and her healthy enjoyment of both work and play. If all goes well she should be a suitable candidate for college or its equivalent.

Perhaps the best thing about these really superior children is the fact that they seem so "natural," far more so than the more usual types. They are "normal," not in the sense of being average, but in the sense of approaching the ideal.

If we are to plan wisely for a child it is important to know all we can about his intellectual equipment. Lacking that knowledge we may be unfair to the dull child in blaming him for what is not his fault, and equally unfair to the bright child in failing to give him the opportunities that he craves. And we may be even more unfair to society than to the individual in failing, on the one hand, to protect the group from the inferior or the defective, and on the other hand, to give the group the full social value of its gifted members.

Even more important is it to understand the type of intellect with which we are dealing and not to be misled, for example, by the spectacular successes which a good rote memory may win in the lower grades at school, or by the slower progress of the child who must pause to organize his knowledge as he goes.

Most important of all it is to know in what manner

and to what ends the child is using his intelligence. Both for his own welfare and from the point of view of the community, his ability to utilize his intellectual resources, the attitudes and purposes that govern his behavior, his emotional poise, his social responsiveness, his reaction to difficulties, and the like, are the traits of prime significance.

CHAPTER XX

TOYS AND COMPANIONS [1]

Companionship

SO much of the child's life is spent in play, that is, in amusing himself and being amused, that his various toys, companions, and method of occupying his time become extremely important. It is during play that he gets his first lessons in manipulating muscles, training his senses, and developing his intellect. Training and experience go hand in hand. It is important to know what experiences a child should be subjected to and what tools will facilitate training.

Other children count for little to a child below two. He is learning from adults, from older children, from the marvelous world of things about him; and, if he is fortunate, from the tiny baby brother or sister whom he has been taught to help care for. But after two, he begins to notice other small children. He will probably only watch them, continuing his own individual play, but he is glad to know they are there. Nursery-school children seldom play group games spontaneously; but, from being constantly in each other's company, they are gaining the basic habits of "mine and thine," "live and let live."

[1] By Blanche C. Weill, Ph.D., Psychologist, Whaley Memorial Home, Flint, Michigan; formerly Assistant Psychologist, Division of Mental Hygiene, Massachusetts.

From two years on, no child should be exclusively with adults, no matter how wise, how playful, or how loving. Where a large amount of adult companionship is unavoidable, these companions should keep two rules well in mind. Indeed, all intercourse with children, no matter how casual, should be based on them.

1. Do not interfere in any absorbed activity of the child, unless the routine of food and sleep, or danger demands intervention. That purposefulness, that concentration, that originality, is what you will be desiring for in him in later years. Most children have these qualities in greater or less degrees. They are the mental tools with which children are finding out about the universe. If they are blunted and thrown away as useless, it is difficult, if not impossible, to replace them in later years.

A corollary to this is: keep in the background, ready with interest and appreciation, ready to help when he turns to you, but then only enough to whet his own desire to carry through the project himself.

2. Within the limits of consideration for others, follow his lead when he wants to play with you, rather than impose your plan on him. Thus you will be sure you are not overstimulating him, though he will be absorbing much new information from your response to his ideas. You will then be able to guide his activities unobtrusively away from haphazard or disorderly manifestations; and yet you will be gaining an insight into his way of thinking, his degree of development, that would be impossible if you acted as leader and director of the play.

As for child companionship under two years, the ordinary surroundings of family life suffice. If there are no other children and the adults wisely start and carry out the idea of sharing, the baby will be the more ready for give and take with other children, whether his own future brother or sister, or the various playfellows who will appear in his world.

From two on, he should spend the greater proportion of his playtime with children of his own age or a little older, and a smaller proportion with children either a little younger or considerably older. There is too great a strain on a young child from the effort to keep up with more advanced companions, although a small amount of this is a valuable stimulus. Too much play with somewhat younger children is not apt to provide sufficient stimulus, although shorter periods are excellent for developing consideration and attitudes of tender solicitude.

It is from the time he is three years old that it is well to let him spend more time with younger children, in proportion as he learns self-control, generosity, helpfulness, sympathy, kindliness, and other companionable qualities.

Play

Play is the serious work of the preschool child. Play is his means of getting acquainted with and adjusted to his surroundings. His life is divided into two periods, that of routine and that of play. He is unlike the older child and the adult, in that he has no leisure. He wants no leisure. He needs no leisure.

His work in learning to manipulate the fascinating objects and people around him is so absorbing that the routine of food and sleep is all he needs to break up the work periods.

From this point of view all objects are play material. It is merely a question of choice and elimination. One promptly recognizes the value of the simple home material as play objects. To be able to do as the grown people do is the ardent desire of the small child. To open drawers and doors, carry dishes, cut with scissors, wash and hang and iron and fold clothes, dig in the garden, and wash the vegetables are some of the activities that the toddler longs to master. To deprive a child of the satisfaction of these is as serious to his development as to deprive him of the conventional toys. Both are necessary.

"We adults," say Murray and Smith, "so ready with our 'Don't touch!' must endeavor to remember how everything is shouting to a child, 'Look at me! Listen to me! Catch me! Find out about me in every way you can!'"[1]

How Many Toys?

Too many toys are as destructive of good habit development, emotional, intellectual, and social, as too few. An excitable, unstable, destructive child is usually to be discovered in a household where large numbers of toys are indiscriminately piled. Of the state

[1] E. R. Murray, and Henrietta Brown Smith, *The Child Under Eight.* Modern Educators Library. (New York, Longmans, Green & Co., 1919), 236 pp.

of the toys, the less said the better. Broken and dirty toys are evidence of poor habits.

There should be a limited number of toys in carefully planned variety. Beyond this, toys should be kept out of sight until replacing is needed, or when special occasions arise.

Care of the Toys

One important aspect of toys is their care. Who is to take them out? Who is to put them away? Where are they to go?

As far as possible, have the toys in a place accessible to the children. If there is more than one child, each should have his own corner, shelf, or box for his own things, and he should be held in the highest degree responsible for putting them away when he is through with them. Each child should be trained to be scrupulous in regard to the noninvasion of the other children's toy boxes. Generosity and mutual helpfulness can be developed alongside of orderliness and respect for one's own and others' property.

What Kind of Toys?

First, last, and always there are balls—balls for all ages. There is so much to learn with balls. A crawling or a toddling baby can get unbelievable experience and information from balls of varying sizes, of different textures, of different colors; hard balls and soft balls, bouncing balls and rolling balls, light balls and heavy balls. Balloons too are in the ball category.

They, too, vary in fascinating ways. Manifold are the opportunities that come with a variety of balls for comparison, judgment, development of the number sense, ingenuity, self-control, and activity, both muscular and mental. One child of less than two years looked from ball to balloon and back many times with the uttermost absorption, then said in wondering tones, "Ball, balloon—*two* balls!"

A little later she showed by hunting for a third ball which had slipped out of sight that she had developed a recognition of three, although the name "three" meant nothing to her as yet, in spite of the fact that she had learned to count to eight or nine. She knew which one to use for bouncing and which for rolling. She knew from experience that balloons would break with a distressing noise if you sat on them. She learned her colors from the red or yellow or blue balloon. She experimented for weeks with the various ways of rolling balls, between legs, or down a steep hillside of the knee, from the tops of heads, or along the couch, or across the table. Then came experiments in throwing, catching, and bouncing. She evolved new combinations endlessly. For a year balls and balloons were her most loved toys, and the source of a large proportion of her physical and mental development. Her first game of hide and seek was with her ball.

The ball is perhaps the one toy that retains its place in, and often all through adult life, and that has done so since the dawn of history. Ball games have always been indulged in by young and old alike.

There are other toys, however, that belong to def-

inite periods. While these should not be lacking during the period of development in which they belong, it is not wise to let a child tie himself too closely to them when he should be advancing into another period.

For example, through the crawling period when the mouth is still the chief sensation center, washable toys stand high hygienically; e.g. dolls, rattles, and animals, of celluloid, wood, rubber, and stockinet. Placed on the quilt on the floor where baby is getting his mat exercise, just enough out of reach to induce a stretching and wriggling to obtain them, these toys fulfill their double purpose of developing and of entertaining. A bunch of keys or a string of buttons or spools absorb a baby before and after he starts creeping.

But a two-year-old should no longer be playing with a rattle. If he wants a noise, he should be beating a tin can or a drum. To allow him to go on shaking a rattle after he can walk would be like urging him to stay in the crawling stage after he has developed his muscles enough to get up on his feet. A good slogan for all interested in children's development might be, "Let the child's toys keep pace with his mental age." Do not keep him at an infantile level by toys which are below his ability to manipulate.

Boxes begin to be of great interest soon after the first year, boxes that have covers to be taken off, and, at a little more advanced age, to be laboriously fitted on. There should be boxes and baskets of all kinds and sizes, including those big enough to be lugged

about by little arms, big enough to crawl and climb into and out of, even if a few tumbles and bumps do result. Boxes offer great inducement to ingenuity and are good play material through all periods of childhood.

For the child starting to walk, broad and narrow boards an inch thick, to walk on, can be used in various ways; flat, one end raised, both ends raised, higher and higher as the child's technique develops. They can be used for walking, sliding, jumping and crawling. A baby's ingenuity can be trusted. One adventurous apartment-house baby of fifteen months used the ironing-board.

Children between one and one and a half years are so interested in finding out about the world around them and how to manipulate it that they can make toys out of almost any object. A fourteen-months-old boy was happy for an hour pushing a heavy chair about on a polished floor, alternating with determined efforts to climb up on it. Another child, just able to stand, experimented with a swinging door for twenty minutes, incidentally getting physical exercise and valuable training in balance. Any article in the home can be a toy to the creeping or toddling baby, trying to explore his fascinating, ever enlarging world.

The first and second Montessori solid insets develop many physical and mental functions. Even before the baby is old enough to be able to put back any correctly, he will delight in pulling the cylinders out by their little handles, and will gain enormously in control through the mere act of learning how to lift vertically. Let

him alone with them and watch his progress. It will be interesting to note his initial unawareness of size and his growing realization of it.

Picture books on heavy cardboard sheets are excellent for first lessons in turning pages. Cloth pages are too thin to be easily manipulated by such inexperienced fingers, but as soon as the little fingers gain some control, real books should be given and care should be taught in handling them. A three-year-old child with a reputation for destructiveness was taught in less than two hours how to turn pages without tearing them, and was entrusted with fine books over which he poured with ever increasing joy. At first he felt only the pleasure of turning pages, sheer joy of movement. Then came suddenly a realization of skill and the enjoyment of that. Finally came an interest in the pictures themselves.

Kiddy-cars, tiny carpet-sweepers, brooms, velocipedes, wheelbarrows, doll carriages, express-wagons, are incentives to joyous activity from the toddling age on. They are objects to push or pull. Soft and hard dollies and animals must not be forgotten, for either boy or girl, nor must paper and pencil or crayon, and later, paint, be lacking. From three years on, blunt-pointed scissors, pictures, colored paper, paste, and a scrapbook are constructive means of diverting destructive impulses.

Destructiveness can be averted, if objects proper for dissection are provided; e.g. building blocks, special piles of paper for tearing and cutting, cardboard boxes for any kind of use, or a sandpile. A hammer and a

few nails, and later a work-bench with a saw and sandpaper is another outlet, for constructiveness and destructiveness are opposite sides of the same impulse toward manipulation which Watson believes is one of the few instincts with which we are born.

Water has a never ending fascination for a child. He can be taught to use it constructively in pouring, filling, floating, and in washing himself, dishes, clothes, or furniture. Skill in blowing soap-bubbles can be acquired by the three-year-old, and a rubber apron and some clay pipes are all the outlay necessary.

A jungle-jim is one of the best and safest of the outdoor appliances. Left to themselves, children have shown that they do not attempt to go higher than they can descend. The strength and dexterity they develop as they swarm over it is surprising.

Mechanical toys are apt more than anything else to stimulate the destructive impulses. It is logical that they should. The mystery of what makes them go is a tremendous incentive to pulling them apart in an effort to solve it. The reason for the existence of the mechanical toy is largely the interest of the adult in intriguing complexities. Relatives and friends bring to children these mechanical toys, so easily broken, largely because they themselves are amused by them. Far too few adults buy toys from a child's standpoint. Children like simple things that they can manipulate themselves. An auto truck they can pull around is more enjoyable to them than one that winds up with a key and goes by itself, but not in the direction they want. Then too, mechanical toys are too limited in

their scope. They are planned to do one thing, whereas a stick or a box has unlimited possibilities for an active child. One child said of a mechanical toy, "I don't like it. It won't play with me."

In buying toys for children, people should always remember that play is a child's work and playthings are his tools. They are his chief means of self-education and toys should be chosen with this fact in view. Here is another place for the slogan, "Let the child's toys and occupations keep pace with his mental age."

Other Occupations

Helping mother around the house affords exercise for the larger muscles, development of skilled movements, carefulness, accuracy, and feelings of helpfulness and responsibility. Gardening, even in flowerpots, opens a new world of ideas. Cooking, from the preparation of vegetables to the actual mixing of dough and the putting into pots and pans and on to the stove is another never ending interest to the child of three to five years. There is the opportunity for adult companionship as well that adds to the charm. The possibilities for acquiring knowledge through cooking activities are unlimited.

While not every individual can be taught to perform musically, every one can develop a sense of rhythm to a greater or less degree, and through that may participate in and enjoy a world of sound and motion. Here, as definitely as anywhere in the educational world, mental, physical, and æsthetic development go hand in hand and can be begun in the earliest weeks of life.

Singing to a baby and soft playing of a musical instrument establishes a habit of listening that is invaluable in all later life.

Listening to music or stories is a habit hard to acquire for many children who did not become accustomed, in earliest childhood, to the joy of sitting by and watching the face and drinking in the voice, if not always the words, that for the time being were focused entirely on them. No æsthetic habit is more worth developing than this of being able to listen. After the child can listen for short periods to simple stories, increase the dramatic elements; complicate and lengthen your story as the children's mental levels rise. They will insensibly move on from the pleasure in receiving attention to the joy of the rhythmic voice in prose or poetry; then to an interest aroused by the dramatic expression, which finally centers itself on the meaning of what is being said. A two-and-a-half-year old who had been an absorbed listener announced that she was going to tell a story. It was this, enunciated with dramatic fervor, "And he roar like sunder! And he roar some more." It was the rhythm and the rich, full sound, not the meaning, that had stayed with her at her early age. The age at which the final development of interest in the meaning may come depends on the intelligence of the child and on the power of the story-teller.

Even a slow intelligence will pay apparent heed to a short story when he is sitting in the lap of the story-teller and she is talking straight to him. The same child, if part of a group gathered around the same

story-teller talking with the same dramatic power, will slip away to some more interesting occupation, unless he has developed a habit of listening.

Interest in listening to stories and music leads to the desire for more direct participation, and that brings the children to musical performance and reading for themselves. It will be seen from the foregoing that some thought should be given to play life of the child, so that he may gain from these experiences ability, skill, and social habits, which will be of value in later life.

A BRIEF BIBLIOGRAPHY

SUGGESTED FOR FURTHER READING

BARKER, Lewellys F., M.D., *How to Avoid Spoiling the Child,* pamphlet (National Committee for Mental Hygiene, New York).

BLANCHARD, Phyllis, *The Adolescent Girl.* A study from the psychoanalytic viewpoint (Moffat, Yard & Co.).

BLANCHARD, Phyllis, and PAYNTER, Richard H., *Changing the Child's Behavior,* pamphlet (National Committee for Mental Hygiene, New York).

BLANTON, Smiley, and GRAY, Margaret, *Child Guidance* (The Century Co., New York).

BUREAU OF EDUCATIONAL EXPERIMENTS, 144 West 13th Street, New York City, *Playthings,* Bulletin No. 1, 1923.

—— *A Catalogue of Play Equipment,* Bulletin No. 8, 1918.

BURNHAM, William H., *Success and Failure as Conditions of Mental Health,* pamphlet (National Committee for Mental Hygiene, New York).

CAMERON, Hector C., *The Nervous Child* (The Oxford University Press, New York).

CAMPBELL, C. Macfie, *Experiences of the Child: How They Affect Character and Behavior,* pamphlet (National Committee for Mental Hygiene, New York).

THE CHILDREN'S FOUNDATION, Valparaiso, Indiana, *The Child: His Nature and His Needs.*

FOSTER, Sybil, *Personality Deviations and Their Relation to the Home,* pamphlet (National Committee for Mental Hygiene, New York).

GARRISON, C. G., *Permanent Play Material for Young Children* (Charles Scribner's Sons, New York).

GROVES, Ernest R., *Personality and Social Adjustment* (Longmans, Green & Co., New York).

GROVES, Ernest R., and HOAGLAND, Gladys, *Wholesome Childhood* (Houghton Mifflin Co., Boston).

GRUENBERG, Benjamin C., editor, *Guidance of Childhood and Youth: Readings in Child Study,* Child Study Association of America (The Macmillan Co., New York).

HAVILAND, Mary S., *Character Training in Childhood* (Small, Maynard & Co., Boston).

HEALY, William, M.D., *Mental Conflicts and Misconduct* (Little, Brown & Co., Boston).

JOHNSON, G. E., *Education by Plays and Games* (Ginn & Company, Boston).

KENWORTHY, Marion E., M.D., *Mental Hygiene in Childhood,* pamphlet (National Committee for Mental Hygiene, New York).

KIRKPATRICK, E. A., *Fundamentals of Child Study* (The Macmillan Co., New York).

McKEE, Jane W., *Purposeful Handwork* (The Macmillan Co., New York).

MORGAN, J. B., *The Psychology of the Unadjusted School Child* (The Macmillan Co., New York).

PALMER, Luella A., *Play Life in the First Eight Years* (Ginn & Company, Boston).

PATRI, Angelo, *School and Home* (D. Appleton & Co., New York).

Proceedings of Intelligent Parenthood, The Mid-West Conference on Parent Education, March, 1926 (The University of Chicago Press, Chicago).

READ, Mary L., *Mothercraft Manual* (Little, Brown & Co., Boston).

RICHMOND, Winifred, *The Adolescent Girl: A Book for Parents and Teachers* (The Macmillan Co., New York).

SANDS, Irving J. and BLANCHARD, Phyllis, *Abnormal Behavior* (Dodd, Mead & Co., New York).

SNOW, B. E., and FROHLICH, H. B., *A Hundred Things a Girl Can Make* (L. B. Lippincott Co., Philadelphia).

SYMPOSIUM ON PRESENT DAY PARENTHOOD, *Concerning Parents: A Symposium on Present Day Parenthood.* Papers presented before a conference under the auspices of the Child Study Association (New Republic Publishing Co., New York).

TAFT, Jessie, *The Relation of the School to the Mental Health of the Average Child,* pamphlet (National Committe for Mental Hygiene, New York).

THOM, Douglas, M.D., *Child Management,* U. S. Children's Bureau, Publication No. 143.

—— Habit Clinics for the Child of the Preschool Age, U. S. Children's Bureau, Publication No. 135.

—— Habit Training for Children. A series of nine leaflets in booklet form (National Committee for Mental Hygiene, New York). Translated into Italian and Yiddish.

TRACY, Frederick, *Psychology of Adolescence* (The Macmillan Co., New York).

WHITE, William A., *Childhood: The Golden Period for Mental Hygiene,* pamphlet (National Committee for Mental Hygiene, New York).

—— *The Mental Hygiene of Childhood* (Little, Brown & Co., Boston).

WILE, Ira, M.D., *The Challenge of Childhood Studies in Personality and Behavior* (Thomas Seltzer, New York).

WILLIAMS, Frankwood, M.D., *Mental Hygiene and Childhood: A Radio Talk,* pamphlet (National Committee for Mental Hygiene, New York).

WOOLEY, Helen K., *Enuresis as a Psychological Problem,* pamphlet (National Committee for Mental Hygiene, New York).

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